

# GENERAL REPORT

OF

THE ROYAL HOSPITALS

OF



BRIDEWELL AND BETHLEM,

AND OF

KING EDWARD'S SCHOOLS,

FOR THE YEAR ENDING 31<sup>ST</sup> DECEMBER,

1874.

---

PRINTED FOR THE USE OF THE GOVERNORS.

---

---

BATTEN AND DAVIES, STEAM PRINTERS, LONDON. S.W.

---

# CONTENTS.

---

## BRIDEWELL HOSPITAL.

APPRENTICES COMMITTED TO BRIDEWELL .. ..	Page
LIST OF OFFICERS AND SERVANTS .. ..	6
General Account of Receipt and Expenditure .. .. <i>after</i>	7

## KING EDWARD'S SCHOOLS.

REPORT.. .. .	9
TABLES—	
Expenditure in the years 1873 and 1874.. ..	15
General Return from 1830 to 1874 .. ..	16
Number of Inmates admitted from 1830 to 1874 .. ..	17
Occupations of Inmates .. ..	18
Ability of Inmates to read on entry .. ..	18
Degree of Acquirements .. ..	19
WORK—	
The Shoemaker's .. ..	20, 21
The Tailor's .. ..	20, 21
Girls' Needlework .. ..	22
Summary of Profits on Trades and Needlework.. ..	23
Daily Routine (Witley) .. ..	23
Ditto (London) .. ..	24
Dietary .. ..	25, 26
LIST OF OFFICERS AND SERVANTS .. ..	27

## BETHLEM HOSPITAL.

REPORT.. .. .	29
TABLES—	
Patients admitted and discharged.. ..	43
Average number of Patients in the Hospital attending Chapel, and under restraint, during the last thirty-four years ..	44
Total number of curable patients admitted during 100 years, ending the 31st December, 1874, with the amount of cures and deaths .. ..	44
Annual admissions, cures, and deaths of curable patients during the last fifty-four years .. ..	45
Forms of mental disease .. ..	46

BETHLEM HOSPITAL—*continued*.

	Page
Monthly admissions, cures, and deaths .. .. .	46
Ages .. .. .	47
Duration of disease before admission .. .. .	47
Degree of education .. .. .	48
Religious persuasion .. .. .	48
Domestic condition.. .. .	49
Residence .. .. .	49
State of general health .. .. .	50
Behaviour .. .. .	50
Suicidal tendency .. .. .	51
Number of previous attacks .. .. .	51
Apparent or assigned cause of disease .. .. .	52
Occupation of curable patients admitted during 1874 .. .. .	53
"                    "                    discharged cured in 1874 .. .. .	54
"                    "                    discharged uncured in 1874 .. .. .	55
"                    "                    who died during 1874 .. .. .	56
Particulars of patients who died during 1874, as reported to Bethlem Sub-Committee .. .. .	57
Return of employment, June 30, 1874 .. .. .	58
Females employed on June 30, 1874 .. .. .	58
Time in Hospital .. .. .	59
Patients cured .. .. .	60
Daily average number of patients in the Hospital during the year 1874.. .. .	61
Return of the incurable patients now in Hospital .. .. .	62
Time the incurable patients have been in Hospital .. .. .	65
Degree of education of incurable patients in Hospital .. .. .	65
Obituary—Males .. .. .	66
"    Females .. .. .	72
DIETARY TABLE .. .. .	77
LIST OF OFFICERS, ATTENDANTS, and SERVANTS .. .. .	79
Other Officers, Attendants, and Servants—Males .. .. .	80
Other Officers, Attendants, and Servants—Females .. .. .	81
Witley Convalescent Establishment—Officers and Servants .. .. .	82
Appendix to Report .. .. .	85
General Account of Receipt and Expenditure for the year 1874 } .. .. .	} <i>after</i> 122
General Account of Both Hospitals .. .. .	





## BRIDEWELL HOSPITAL.

---

APPRENTICES committed to Bridewell Hospital by the Chamberlain of the City of London in 1874.

1 for 6 weeks.

1 for 21 days.

9 for 14 days.

In four of these cases a part of the period for which the committal had been made was remitted.

A. M. JEAFFRESON,

*Clerk, Receiver, &c.*

# BRIDEWELL HOSPITAL.

## LIST OF OFFICERS AND SERVANTS.

---

	£	s.	d.
1 Surveyor.....	125	0	0
*1 Clerk, Receiver and Accountant.....	385	0	0
*†1 Beadle .....	78	0	0
2 Clerk's Assistants, at £87 10s. and £60.....	147	10	0
	<hr/>		
	£735	10	0
	<hr/>		

\* Lodged and furnished with coals.

† The Beadle has a suit of clothes, and a hat, with twenty-one shillings every year for shoes, and a great coat every three years.



Digitized by the Internet Archive  
in 2018 with funding from  
Wellcome Library

<https://archive.org/details/b30303217>

JNO. BAGGALLAY, *Treasurer*.  
JOHN MILES,  
GEO. WARE,  
JOSHUA W. BUTTERWORTH,  
EDWD. H. FENNEL.





# KING EDWARD'S SCHOOLS.

---

## CHAPLAIN'S REPORT, 1874.

---

To the Right Worshipful the PRESIDENT, the  
Worshipful the TREASURER, and the  
GOVERNORS of King Edward's Schools.

MY LORDS AND GENTLEMEN,

I have the honour to present to you my Annual Report  
for the year 1874.

Between the 1st January and the 31st December there  
were—

Admitted.					Discharged.				
Boys	..	..	..	71	Boys	..	..	..	61
Girls	..	..	..	62	Girls	..	..	..	53
				<hr/>					<hr/>
Total	..	..	..	133	Total	..	..	..	114

There were remaining in the two Schools at the end of  
the year, 156 boys and 160 girls, making a total of 316  
inmates, in addition to three pupil teachers (boys), and two  
pupil teachers (girls).

An addition of 10 boys and 10 girls has this year been made to the number of inmates, so that the strength of each School is now ordinarily 160, making a total of 320.

One pupil teacher, a boy, having completed his term of service in the School, has been successful in obtaining a Queen's Scholarship at the Training College at Culham, Oxford; and I am happy to learn from the Principal that his conduct, and the progress of his studies, has hitherto been entirely satisfactory to the College authorities. Another pupil teacher went up for examination at Winchester in December last, and also succeeded in gaining a Queen's Scholarship, but not placed in the first class. I may say that the pupil teachers in both Schools have rendered very valuable services, and principally through their aid, notwithstanding the increase in the number of children, amounting, since the Boys' School was separated from the Girls' School, to no less than 120, we have been able to do without any addition to the educational staff. In point, therefore, both of economy and efficiency, the pupil teacher system has been entirely successful.

The inmates discharged during the last year have been disposed of as follows:—

#### BOYS.

To the Army	..	..	..	..	..	..	..	25
To the Royal Navy	..	..	..	..	..	..	..	7
To Situations (various)	..	..	..	..	..	..	..	13
Removed by their Friends	..	..	..	..	..	..	..	16

## GIRLS.

To Situations (various) .. .. .	49
Emigrated with their Friends .. .. .	2
Removed by their Friends .. .. .	2
	<hr/>
	53

It will be seen that for the first time in the history of the School, the number of boys admitted into the Army is greatly in excess of the number sent into the Navy. Early in the year I received applications from the commanding officers of several battalions of the Royal Artillery, for boys to work in the regimental tailors' shops. This is a new and very valuable outlet for our boys. Their pay is very good, and the treatment they receive most kind and liberal, and I hope to send away many more in the same capacity. I have visited the boys who went to Dover, and received most gratifying accounts of their behaviour.

Although we have been free from any epidemic in either School during the last year, I regret to have to report that a great many boys have been rejected as unfit for Naval Service on account of enlarged tonsils,—a slight, but for some inexplicable reason, a very common form of ailment among our boys just at present. The attention of the medical officers has been called to the subject, and we have considered every possible circumstance which could have led to this strange phenomenon; but as yet we have been unable to fix upon anything which could be assigned as either the remote or proximate cause of the malady. It has acted very injuriously upon the number of admissions into the Royal Navy, as

you will perceive on referring to the list of discharges which I have given above.

After the Annual Examination of the Boys' School on the 18th of June, H.M. Inspector presented the following Report :—

“ Examined the children. I was struck by their healthy, happy appearance, indicative of kind and liberal treatment. They seem totally free from the dogged, torpid demeanour which I generally observe in this class of children, when not intelligently managed. The examination they passed was creditable to their teachers, and was especially good in Geography and Arithmetic, both mental and on slate. I have always taken great pleasure in examining the children in this School, and experience some regret that I have now done so for the last time, having resigned my office as Inspector of Schools.

E. CARLETON TUFNELL,

*H.M. Inspector of Schools.*”

The Girls' School would have been examined on June 16th, by the Chaplain of the Magdalen Hospital; but in his absence, I was obliged to conduct the examination, in the presence of several Governors, and I felt myself justified in making the following Report :—

“ 16th June, 1874.

In the unexpected absence of the Rev. J. WALLACE, occasioned by sudden illness, I undertook, at the request of the Treasurer, the examination of the Girls' School. I went through the whole of the subjects taught, and am able to report very favourably of the result. In the most important subject—the religious—the children gave conclusive evidence of the care and attention which have been bestowed upon them by my valued colleague, Rev. W. FAULKNER.



In Arithmetic—generally a weak point in girls' schools—the children did remarkably well, and it was quite clear that the subject is intelligently taught by the Schoolmistress. The Reading was fluent, but not, perhaps, quite so distinct in enunciation as might be wished. In Geography and History, there is a decided improvement since the appointment of the present mistress; and the Map-drawing was most neat and creditable.

On the whole, from my long acquaintance with King Edward's Schools, I feel justified in saying that, in my opinion, the female department was never in a more satisfactory condition than at present. I ought to add, lest I should seem to be praising my own work, that I do not profess to do more at my weekly visits than deal with any question of general discipline and arrangement which may be brought to my notice. I consider that all the credit is due to the Assistant Chaplain, the Matron, and the School and Industrial Mistresses. The Governors present inspected the whole of the School premises, which were found to be cleanly and in admirable order. Some ladies kindly examined the needlework, and the Governors were assured by them, as well as by their own observations, that this very important branch of female culture is most carefully attended to.

E. RUDGE,

*Chaplain and Superintendent."*

The Lord Bishop of Guildford kindly held a special Confirmation in the School Chapel, on November 5th, when 50 girls received the sacred rite, and together with 56 former inmates, partook of the Holy Communion.

One hundred and fifty-three rewards were given by the Committee during the year to former inmates who had maintained good characters in their situations. 39 boys and 28 girls were rewarded for the first time; 29 boys and 18 girls

for the second time ; and 24 boys and 15 girls for the third and last time.

On a review of the past year, the only subject of regret I have arises from the fact that so many boys have been removed by their friends before they obtained situations. I alluded to this subject in my last Report ; and although the proportion is somewhat smaller—16 instead of 22—I lament that the failures—for so I regard them—should be so many. Parents are now required to enter into a written engagement not to remove their children without the consent of the Committee, and I hope that this new rule may be, at all events partially, successful in arresting the selfish and short-sighted policy of which I have so much reason to complain. I should myself have been inclined to go a step further, and adopt the form of agreement, or something like it, in force in the Marine Society, and also in the Mathematical School of Christ's Hospital, whereby parents bind themselves not to oppose any obstacle to the acceptance by the children of situations for which they have been specially prepared.

I have the honour to be,

My Lords and Gentlemen,

Your obedient Servant,

E. RUDGE,

*Chaplain and Superintendent.*

WITLEY, *January*, 1875.



## No. 1.

EXPENDITURE IN THE KING EDWARD'S SCHOOLS IN THE  
YEARS 1873 AND 1874.

	1873.			1874.		
	£	s.	d.	£	s.	d.
Meat.....	904	3	6	1048	15	11
Bread and Flour .....	1095	19	9	1156	9	10
Potatoes, Oatmeal, &c.....	234	14	9	225	13	1
Milk .....	313	9	9	374	8	0
Cheesemongery, &c.....	862	18	5	951	1	10
Tea and Groceries.....	337	4	0	227	12	0
Beer .....	81	0	6	110	1	10
Total Cost of Provisions....	3829	10	8	4094	2	6
Clothing and Bedding .....	1069	14	1	1132	3	2
Soap, Oil, and Candles .....	214	6	4	324	0	3
Coals and Firewood.....	625	18	5	526	12	7
Medicine .....	74	10	10	88	14	7
Furniture and Repairs .....	678	4	11	825	15	0
Salaries of Officers, Wages of Servants, &c.	2112	0	3	2113	6	0
Rent and Taxes .....	506	0	7	506	18	5
Printing and Stationery .....	148	12	1	82	8	1
Workmen's Bills for Repairs .....	1451	11	5	719	5	8
Casual Payments and Sundries .....	107	3	11	130	0	6
Outfit of Inmates, and Gratuities .....	976	13	3	1055	18	2
Superannuation Annuities .....	205	0	0	215	0	0
Washing .....	267	16	0	281	11	0
	£12267	2	9	12095	15	11



## No. 3.

## ADMISSIONS.

Years.	Bridewell Hospital.			From Prisons or been in Prison			Hospitals.			Home.			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
From 1830 to 1839 inclusive.	73	55	128	69	46	115	1	67	68	66	101	167	209	269	478
1840 to 1849 inclusive.	146	39	185	47	41	88	2	10	12	158	235	393	353	325	678
1850 to 1859 inclusive.	40	11	51	287	77	364	1	1	2	612	432	1044	941	521	1462
1860 to 1869 inclusive.	..	..	..	35	7	42	4	3	7	788	487	1275	827	497	1324
1870	..	..	..	1	..	1	..	..	..	56	47	103	57	47	104
1871	..	..	..	1	..	1	..	..	..	65	55	120	66	55	121
1872	..	..	..	1	..	1	..	..	..	74	74	148	75	74	149
1873	..	..	..	..	..	..	..	..	..	75	42	117	75	42	117
1874	..	..	..	..	..	..	..	..	..	71	62	133	71	62	133
	259	105	364	441	171	612	8	81	89	1965	1535	3500	2674	1892	4566

GEO. H. HAYDON,  
Steward, &c.

No. 4.

STATE OF SCHOOL for the Year ending 31st December, 1874.

OCCUPATIONS OF INMATES.

MONITORS.		OCCUPATIONS.	M.	F.	TOTAL.
M.	F.				
2	..	Tailors.. .. .	28	..	28
2	..	Shoemakers.. .. .	28	..	28
2	..	Engineers .. .. .	6	..	6
3	..	Garden .. .. .	24	..	24
..	1	Needlework.. .. .	..	22	22
..	1	Laundry and Washing .. .. .	..	26	26
3	7	Household .. .. .	42	74	116
..	1	Kitchen .. .. .	6	12	18
..	..	Gate Keepers .. .. .	2	2	4
4	2	Attending School only .. .. .	19	24	43
16	12	TOTAL .. .. .	155	160	315

ABILITY OF INMATES TO READ ON ENTRY.

							M.	F.	TOTAL.
Very Good Readers	..	..	..	..	..	..	..	..	..
Good	ditto	..	..	..	..	..	7	8	15
Very Fair	ditto	..	..	..	..	..	18	32	50
Fair	ditto	..	..	..	..	..	50	34	84
Indifferent	ditto	..	..	..	..	..	38	21	59
Read Monosyllables only	..	..	..	..	..	..	29	40	69
Knew Letters only	..	..	..	..	..	..	8	13	21
Did not know their Letters	..	..	..	..	..	..	5	12	17
TOTAL	..	..	..	..	..	..	155	160	315



DEGREES OF ACQUIREMENTS of present Inmates, December 31st, 1874.

READING AND SPELLING.	WRITING.						ARITHMETIC.						CHURCH CATECHISM.				Learning English History.		Learning Geography.		Learning Singing for Church Service.	
	Good.	Fair.	Indifferent.	Learning.	Good.		Fair.		Indifferent.		Learning.		Perfect.		Learning.		M.	F.	M.	F.	M.	F.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.						
	52	46	55	47	40	55	8	12	51	56	58	60	41	32	5	12					155	160

Males.		Females.	
Years.	Months.	Years.	Months.
Average present Age of Inmates . .			
13	9	13	4
Average Time of Stay in School. . .			
2	1	2	7

## No. 5.

*Dr.*

## SHOEMAKER'S ACCOUNT FOR 1874.

## WITLEY.

	£	s.	d.
Stock on hand, Jan. 1st, 1874 .....	64	7	8
Materials received during the year, and petty cash paid .....	131	14	0
	<hr/>		
Stock on hand Dec. 31st, 1874.....	£196	1	8
	46	13	0
	<hr/>		
Shoemaker's Wages .....	£149	8	8
Allowance for House-rent, Garden, &c. ....	70	4	0
Coals, Chandlery, Lights, and Sundries .....	15	0	0
	8	0	0
Profit on the year .....	17	10	10
	<hr/>		
	£260	3	6
	<hr/>		

## No. 6.

*Dr.*

## TAILOR'S ACCOUNT FOR 1874.

## WITLEY.

	£	s.	d.
Stock on hand Jan. 1st, 1874 .....	188	2	2
Goods received during the year, and petty cash payments.....	137	3	5
	<hr/>		
Stock on hand Dec. 31st, 1874.....	£325	5	7
	143	12	4
	<hr/>		
Tailor's Wages .....	£181	13	3
Allowance for House-rent, Garden, &c. ....	70	4	0
Coals, Chandlery, Lights, and Incidental Expenses .....	15	0	0
	8	0	0
Profit on the year .....	31	19	11
	<hr/>		
	£306	17	2
	<hr/>		



## No. 5.

Cr.

## SHOEMAKER'S ACCOUNT FOR 1874.

## WITLEY.

	£	s.	d.
Boots and Shoes supplied to Boys' King Edward's Schools, Witley, with repairs.....	254	13	6
Boots and Shoes supplied to Girls' King Edward's Schools, London, with repairs.....	5	10	0

## AMOUNT OF WORK DONE.

	Made.	Repaired.
Boys' boots K. E. S. W.—pairs	258	2630
Girls' ditto K. E. S. L. ....	—	20
Pairs of strings.....	—	—

---

£260 3 6

---

## No. 6.

Cr.

## TAILOR'S ACCOUNT FOR 1874.

## WITLEY.

	£	s.	d.
Clothes supplied to Boys' King Edward's Schools, Witley, with repairs .....	306	17	2

## AMOUNT OF WORK DONE.

Pupil Teachers.	Made.	Repaired.
Jackets .. .. .	4	—
Waistcoats .. .. .	4	—
Trousers .. .. .	4	—
Overcoat .. .. .	1	—
Jackets .. .. .	36	—
Vests.. .. .	31	—
Trousers .. .. .	245	3077
Blue Serges .. .. .	25	248
Canvas Jumpers .. .. .	291	2168
Pairs Braces .. .. .	228	—
Rugs and Canvas Trousers ..	—	90
Hammocks .. .. .	—	51
Blankets .. .. .	—	48
White shirts .. .. .	—	96
Boys' caps .. .. .	—	338
Grey Infirmary Coats .. ..	6	—
Trousers .. .. .	6	—

---

£306 17 2

---

## GIRLS' NEEDLEWORK, 1874.

No. 7.

## NEW WORK.

				s.	d.		£	s.	d.
903 Boys' Shirts..	..	..	at	0	6 each	..	22	11	6
938 „ Handkerchiefs	..	..	„	0	1 „	..	3	18	2
358 Gowns ..	..	..	„	2	0 „	..	35	16	0
879 Aprons ..	..	..	„	0	2 „	..	7	6	6
512 Handkerchiefs	..	..	„	0	1 „	..	2	2	8
340 Chemises ..	..	..	„	0	4 „	..	5	6	8
121 Nightgowns	..	..	„	0	4 „	..	2	0	4
254 Petticoats ..	..	..	„	0	3 „	..	3	3	6
580 Stockings, marked	..	..	„	0	1 „	..	2	8	4
321 Sheets ..	..	..	„	0	1 „	..	1	6	9
40 Pillow Cases	..	..	„	0	1 „	..	0	3	4
5 Tablecloths	..	..	„	0	1 „	..	0	0	5
228 Towels ..	..	..	„	0	0 $\frac{1}{2}$ „	..	0	9	6
232 Dusters ..	..	..	„	0	0 $\frac{1}{2}$ „	..	0	9	8
24 Jackets ..	..	..	„	0	2 „	..	0	4	0
20 Collars ..	..	..	„	0	0 $\frac{1}{2}$ „	..	0	0	10
							£87	8	2

## REPAIRS.

806 Gowns .	..	..	„	0	3 „	..	10	1	6
7,264 Aprons ..	..	..	„	0	1 „	..	30	5	4
131 Caps..	..	..	„	0	1 „	..	0	10	11
1,637 Chemises ..	..	..	„	0	1 „	..	6	16	5
546 Nightgowns..	..	..	„	0	1 $\frac{1}{2}$ „	..	3	8	3
680 Petticoats ..	..	..	„	0	1 $\frac{1}{2}$ „	..	4	5	0
7,584 Stockings ..	..	..	„	0	1 „	..	31	12	0
245 Sheets ..	..	..	„	0	2 „	..	2	0	10
16 Pillowcases ..	..	..	„	0	1 „	..	0	1	4
2,796 Mittens ..	..	..	„	0	1 „	..	11	13	0
							£100	14	7

## New Work:—

K. E. S. W.	..	..	..	£28	6	9
K. E. S. L.	..	..	..	59	1	5
Repairs ..	..	..	..	100	14	7

Total ..	..	..	..	£188	2	9
Estimated Cost of Materials ..	..	..	..	59	19	0
Profit on the Year ..	..	..	..	£128	3	9

## LONDON AND WITLEY.

## No. 8.

## SUMMARY OF PROFITS ON TRADES AND NEEDLEWORK, 1874.

					£	s.	d.
Profit on Girls' Needlework, London	..	..	..	..	128	3	9
Profit on Tailor's Work, Witley	..	..	..	..	31	19	11
Profit on Shoemaker's Work, Witley	..	..	..	..	17	10	10
					<hr/>		
					£177	14	6

## KING EDWARD'S SCHOOL, WITLEY.

## No. 9.

FROM		TO		DAILY ROUTINE.					DURATION.	
H.M.	H.	M.							H.	M.
*6.0	6	30	Boys rise, Wash, be inspected, and marched to Shops, or other Employment..	..	..	..	..	..		30
6	30	8	0	Boys employed in Shops or other Employment	..	..	..	..		1.30
8.0	9	0	Prayers, Breakfast, and Recreation	..	..	..	..	..		1.0
9.0	12	45	School, Shops, and other Employment. (School dismissed at 12 o'clock)	..	..	..	..	..		3.45
12.45	1	0	Preparation and Inspection for Dinner	..	..	..	..	..		15
1.0	2	0	Dinner and Recreation	..	..	..	..	..		1.0
2.0	5	45	School, Shops, and other Employment. (School dismissed at 4.30: and at 3.30 on Wednesdays)	..	..	..	..	..		3.45
5.45	6	0	Preparation and Inspection for Supper	..	..	..	..	..		15
6.0	7	45	Supper and Recreation (Night School Library open in Winter)..	..	..	..	..	..		1.45
7.45	8	0	Prayers and Bed	..	..	..	..	..		15
SUNDAY ROUTINE.										
7.0	8	0	Boys rise, Wash, and prepare for the proper spending of Sunday	..	..	..	..	..		1.0
8.0	10	0	Prayers, Breakfast, and Walking in Grounds	..	..	..	..	..		2.0
10.0	11	0	All Boys in School	..	..	..	..	..		1.0
11.0	1	0	Divine Service	..	..	..	..	..		2.0
1.0	6	0	Dinner and Walking in Grounds (Sunday School Library open)	..	..	..	..	..		5.0
6.0	7	0	Supper and Walking in Grounds	..	..	..	..	..		1 0
7.0	8	0	Divine Service and Bed	..	..	..	..	..		1.0

## REGULATIONS.

1. The Boys are in two divisions, which attend the Shops, &c., and the Schools, on alternate days, receiving on an average  $15\frac{1}{2}$  hours Instruction in School, and 24 hours Industrial Employment per week.

2. Half Holiday every Saturday, from 12 a.m., when boys are to batho.

3. Choir practice, and Fife and Drum Band, on alternate days, from 12 to 12.45 p.m.

4. Drill for School Boys, in summer from 5 to 5.45; and in winter from 12 to 12.45, when weather will permit.

The whole School to Drill twice-a-week during the summer months, after supper

\* Half-an-hour later in Winter Months.



## No. 10.

## LONDON.

## DAILY ROUTINE.

*Hours of Rising.*

Six o'clock in the summer months, and not later than 7 o'clock in the winter months.

After private prayer in each dormitory, washing, dressing, &c.

*On Week-days.*

The girls selected for employment in the Laundry and Kitchen, and in Household Work, to be engaged in their particular occupations, and the rest in making beds, and sweeping and cleaning the dormitories and other apartments on the female side.

*From 8 to 9 o'clock.*—Prayers, breakfast, and recreation.

Girls selected for particular employments to be at their respective occupations from 9 to 1 o'clock, as the Matron shall direct; and on alternate days at school during the same hours.

*From 1 to 2 o'clock.*—Dinner and recreation.

Girls selected for particular employments to be at their respective occupations, and the rest at needlework, from 2 till 5 o'clock, and in occupation from 5 till 6 o'clock, as the Matron shall direct.

*From 6 to 7 $\frac{3}{4}$  o'clock.*—Supper and recreation.

*From 7 $\frac{3}{4}$  to 8 o'clock.*—Prayer.

8 o'clock.—Bed-time.

*On Saturdays.*

No school to be kept, either in the morning or afternoon. The girls on this day to be engaged in cleaning the establishment, assorting and distributing clean linen, using the bath, and in such other occupations as the Matron shall direct. The recreation of the inmates to be, when the weather will permit, in the airing grounds, and at other times in the day-rooms, which are to be provided with suitable books for amusement and instruction.

*On Sundays.*

*Until 8 o'clock.*—The inmates to be occupied in *making beds, changing linen, and delivering up all that is dirty*, and preparing for the proper spending of the day.

*From 8 to 10 o'clock.*—Breakfast, and walking in the airing grounds, when the weather will permit.

*From 10 to 12 o'clock.*—In school rooms, reading the Lessons for the day, repeating Catechism, and answering questions on scriptural subjects.

*From 11 to 1 o'clock.*—In Chapel for Morning Service and Sermon.

1 o'clock.—Dinner.

*From 1 $\frac{1}{2}$  to 3 o'clock.*—In the day rooms, and airing courts.

3 o'clock.—Afternoon Service in Chapel and Sermon.

7 o'clock.—Supper.

8 o'clock.—Bed-time.

No. 11.

WITLEY.

## DIETARY TABLE—BOYS.

	BREAKFAST.			DINNER.										SUPPER.			
	Bread.	Butter.	*Porridge.	†Roast Mutton.	†Boiled Beef.	†Roast Beef.	Bread.	Vegetables.	Baked Plum Pudding.	Baked Batter Pudding.	Baked Rice Pudding.	†Soup.	Cheese.	Butter.	Bread.	Cheese.	Milk.
	oz.	oz.	pt.	oz.	oz.	oz.	oz.	oz.	oz.	oz.	oz.	pt.	oz.	oz.	oz.	oz.	pt.
Sunday .....	8	1	1	6	-	-	4	12	-	-	-	-	-	-	8	1½	½
Monday ..	8	1	1	-	-	-	4	-	Wtr. 16	Smr. 8	-	-	1	-	8	1½	½
Tuesday ..	8	1	1	-	6	-	4	12	-	-	-	-	-	-	8	1½	¼
Wednesday	8	1	1	-	-	-	4	-	-	-	Smr. 8	Wtr. 1	-	Smr. 1	8	1½	¼
Thursday ..	8	1	1	6	-	-	4	12	-	-	-	-	-	-	8	1½	¼
Friday .....	8	1	1	-	-	6	4	12	-	-	-	-	-	-	8	1½	½
Saturday ..	8	1	1	-	-	-	4	-	Wtr. 16	Smr. 8	-	-	1	-	8	1½	½
	56	7	7	12	6	6	28	48	32	16	8	1	2	1	56	10½	3¼

## WEEKLY SUMMARY.

Summer ..	140	8	7	24	-	48	-	16	8	-	-	-	-	-	12½	3¼
Winter ....	142	7	7	26	-	48	32	-	-	1	-	-	-	-	12½	3¼

Males—Solid Food per head.. { Summer 256 oz. Weekly, or 36 oz. per day.  
 Winter 267 oz. Weekly, or 38 oz. per day.

*Christmas Eve*—1 lb. Plum Cake to each Boy, and Tea.

*Christmas Day*—8 oz. Cooked Roast Beef, free from bone, 1 lb. Plum Pudding, and 2 Oranges each.

*New Year's Day*—8 oz. Cooked Roast Beef, free from bone, and a large Mince Pie each

*Annual Concert*—1 lb. Plum Cake and Tea, 2 Oranges each.

The Sick are dieted at the discretion of the Medical Officer.

The Steward has liberty to vary the Diet occasionally by Fruit Pies, Fish, and Fruit, &c., when plentiful and good.

The above to be considered maximum allowances, and all quantities unconsumed are to be taken in diminution of the next supply from the Stores.

\* *Porridge*—composed of 1½ oz. oatmeal, ½ oz. sugar, and ½ pint of new milk.

† *Meat*—cooked and free from bone.

‡ *Soup*—Liquor from boiled meat, with the addition of not less than 14 lbs. of leg of beef or other good meat, with Scotch Barley, rice, herbs, &c.

¶ Wednesday's Dinner, in winter, 6 oz. Bread in lieu of 4 oz.

No. 12.

LONDON.

DIETARY TABLE—GIRLS.

	BREAKFAST.					DINNER.								SUPPER.			
	Bread.	Butter.	Cocoa.	*Boiled Beef.	*Roast or Boiled Mutton.	Vegetables.	Plum or Batter Pudding.	Baked Rice Pudding.	Boiled Suet Pudding.	†Soup.	Cheese	Bread.	Rice Milk.	Butter.	Bread.	Cheese.	Milk.
	oz.	oz.	pt.	oz.	oz.	oz.	oz.	oz.	oz.	pt.	oz.	oz.	pt.	oz.	oz.	oz.	pt.
Sunday ....	6	1	1	6	-	12	-	-	-	-	-	4	-	-	6	1½	½
Monday ..	6	1	1	-	-	-	8	-	-	-	1	4	-	-	6	1½	½
Tuesday ..	6	1	1	-	-	-	-	Smr. 7	-	Wtr 1	-	4	-	-	6	1½	½
Wednesday	6	1	1	-	6	12	-	-	-	-	-	4	-	-	6	1½	½
Thursday ..	6	1	1	-	-	-	-	-	8	-	1	4	-	-	6	1½	½
Friday ....	6	1	1	-	6	12	-	-	-	-	-	4	-	-	6	1½	½
Saturday ..	6	1	1	-	-	-	-	-	-	-	-	4	1	1	6	1½	½
	42	7	7	6	12	36	8	7	8	1	2	28	1	1	42	10½	3½

WEEKLY SUMMARY.

Summer ..	112	8	7	18	36	8	7	8	-	-	-	1	-	-	12½	3½
Winter ....	112	8	7	18	36	8	-	8	1	-	-	1	-	-	12½	3½

Females—Solid Food per head, 209 oz. weekly, or 30 oz. per day, nearly.

The Six Kitchen Girls have Tea daily at 4 o'clock.

Twenty Laundry Girls have Tea on Monday and Tuesday.

Three Mangling Girls have Tea daily.

Christmas Day—7 oz. cooked Roast Beef, and a large Mince Pie each.

New Year's Day—Plum Pudding, 1 lb., and 7 oz. cooked Roast Beef.

The Sick are dieted at the discretion of the Medical Officer.

The Steward has liberty to vary the Diet occasionally by Fruit Pies, Fish, and Fruit, &c., when plentiful and good.

The above to be considered maximum allowances, and all quantities unconsumed are to be taken in diminution of the next supply from the Stores.

\* Meat—Cooked, and free from bone.

† Soup—Liquor from boiled meat, with meat added, and Scotch barley, rice, herbs.



## No. 13.

## LIST OF OFFICERS AND SERVANTS.

## KING EDWARD'S SCHOOLS,

## WITLEY.

		£	s.	d.
1	Chaplain and Superintendent (with residence partly furnished) .. .. .	600	0	0
* 1	Steward .. .. .	150	0	0
* 1	Storekeeper (furnished residence) .. .. .	120	0	0
* 1	Schoolmaster (ditto) .. .. .	160	0	0
† 1	Cook .. .. .	30	0	0
† {	1 Gate Porter .. .. .	10	0	0
† {	1 Drill Master .. .. . 27s. per week	70	4	0
† 1	Assistant Drill Master .. .. . 27s. per week	70	4	0
† 1	Engineer .. .. . 30s. „	78	0	0
† 1	Shoemaker .. .. . 27s. „	70	4	0
† 1	Tailor .. .. . 27s. „	70	4	0
1	Gardener (30s. per week and house—half to B.C.H.W.)	39	0	0
3	Labourers (one at 17s., two at 16s. per week) .. ..	127	8	0
		£1595	4	0

## KING EDWARD'S SCHOOLS,

## LONDON.

		£	s.	d.
1	Assistant Chaplain .. .. .	150	0	0
1	Clerk .. .. .	40	0	0
1	Steward's Clerk .. .. .	50	0	0
† 1	Deputy Superintendent .. .. .	120	0	0
† 1	Matron .. .. .	165	0	0
1	Organist .. .. .	20	0	0
† 1	Schoolmistress .. .. .	50	0	0
† 1	Sewing Mistress .. .. .	35	0	0
† 1	Cook .. .. .	25	0	0
† 1	Laundress .. .. .	30	0	0
† 1	Assistant ditto .. .. .	12	0	0
† 1	House Maid .. .. .	10	0	0
† 1	Gate Portress .. .. .	12	10	0
		£719	10	0

\* Furnished Apartments.

|| Neither boarded nor lodged.

† Lodged only and limited supply of coals and gas.

‡ Boarded and lodged.



# BETHLEM HOSPITAL.

---

## R E P O R T .

---

To the Right Worshipful the PRESIDENT, the  
Worshipful the TREASURER, and the  
GOVERNORS of the Royal Hospital of  
Bethlem.

MY LORDS AND GENTLEMEN,

I have the honour to place before you a Report of this  
Hospital, for the year 1874, accompanied by the usual  
Statistical Tables.

During the year 237 patients were admitted, 198 were  
discharged, and 27 died.

On the 1st January, 1875, 249 patients remained on the books of the Hospital, classed in the following order:—

	Males.	Females.	Total.
Curable .. ..	75	119	194
Incurable .. ..	25	30	55
	<hr/>	<hr/>	<hr/>
	100	149	249

The 236 patients admitted were as follows:—

	Males.	Females.	Total.
Curable .. ..	93	139	232
Incurable .. ..	2	2	4
	<hr/>	<hr/>	<hr/>
	95	141	236

The 201 discharged were:—

	Males.	Females.	Total.
Cured.. ..	41	87	128
Uncured, .. ..	31	23	54
For special reasons ..	9	10	19
	<hr/>	<hr/>	<hr/>
	81	120	201

Twenty-six patients died during the year, viz.:—

	Males.	Females.	Total.
Curable .. ..	11	10	21
Incurable .. ..	2	2	4
Criminal .. ..	—	1	1
	<hr/>	<hr/>	<hr/>
	13	13	26

It will be observed that four patients died who were on the Incurable establishment; they had all been in the Hospital for many years, and their ages varied from 61 to 75 years.



One female patient also, whose decease is here reported, died at her own home whilst out on leave. The criminal patient had been allowed, by special permission of the Secretary of State, to remain here when the other criminals were removed to Broadmoor. She was totally blind, and had become so accustomed to the Hospital, and attached to the attendant who had charge of her, that the petition for allowing her to remain was at once acceded to. There are now no criminals on the books of the Hospital.

It is with much thankfulness that I am able to report that there has been no death by suicide this year. More than half the inmates under treatment have at one time or another evinced a strong suicidal tendency, and though the greatest care and watchfulness may be used, this class of patients must always be a source of the gravest anxiety.

Considering the physical condition of many of the patients when brought to the Hospital, the death rate is satisfactory, being about 5 per cent. on the actual number under treatment.

It is gratifying to be able to report 55 per cent. discharged cured. This return is calculated on the number of admissions, and of course the statistics of a single year are not of great value. The per centage of cures is much higher on the female, than the male side. We have at the present time many male patients suffering from general paralysis, a form of insanity which, judging from our experience here, is certainly more prevalent than in former years. Though none but curable patients are supposed to be admitted, no case is ever rejected when the slightest doubt exists as to the possi-

bility of cure, and when once admitted, except in very rare instances, the advantages of the Hospital are always granted for at least twelve months.

The case of one patient who was discharged for special reasons, is well known to the Committee. He suffered from mania, with strong homicidal tendency, his delusions being of a most dangerous character. After all means had been tried for nine months without any improvement, I recommended his removal on the ground that a change might be beneficial. Some difficulty was experienced in effecting this, as his friends were not in a position to take charge of him ; and it was found necessary to place him in the hands of the police, by whom he was transferred to the County Asylum. On one occasion this patient secreted a large stone, "for the head of the doctor," as he afterwards explained, but the medical visit having been delayed beyond the usual time, he broke two of the largest mirrors in the gallery, being determined to do the greatest amount of mischief in his power. It is extremely difficult to treat this class of patient, the form of disease, in many instances, being apparently only an exaggeration of a naturally bad disposition. Most probably energetic treatment, especially in early life, would have a most beneficial effect.

There have been three cases of scarlet fever, fortunately of a mild character, and owing to our being able entirely to isolate them from the other patients, the disease did not spread. I trust all danger of further infection is now over. The fever was introduced into the Hospital by a patient, whose friends and medical attendant did not give us the least



intimation that any extra caution was required, and though in the peeling stage, the patient was brought in an ordinary cab, which probably at once proceeded to again ply for hire.

The hot water apparatus fitted up towards the end of last year, for the purpose of heating portions of the basement wards, Male and Female one, has proved a great success. So far as the health and comfort of the patients and attendants are concerned, a remarkable change for the better can be observed. Several bed rooms, which at times it was impossible to use, are now constantly occupied. The open fire-place at the extreme end of F. 1 is still retained and used, so that the cheerful appearance of the ward may not be affected by the new arrangements.

The Steward reports that on the score of economy in time, labour, and fuel, as well as in general efficiency, the system employed by Messrs. BAILEY & SON is by far the best in use at the Hospital. Some care is requisite in the regulation of the heat, but no more care or knowledge than an ordinary stoker would be expected to exercise. Up to this time, however, the Engineer of the Hospital has personally attended to the working of the new heating apparatus.

In consequence of the unsatisfactory condition of the Witley Establishment during the winter months, the Surveyor of the Hospital, Mr. R. ROBERTS, brought the matter before the Governors in his Report, and they were pleased to order the same system of heating to be applied at Witley that has been so successfully carried out in London by his advice, and under his superintendence. This work is

just finished, and there is every reason to hope and expect that, in conjunction with the battening of some of the more exposed walls, a great source of discomfort will be overcome.

In consequence of the time required for the above improvements, the Convalescent Establishment was only open for four months ; we were, however, enabled to send down 82 patients for a holiday in the country. The advantage of being able to observe the convalescent patients, free to a certain extent from the restraint of an asylum, are very great, and during the summer months few are discharged without having had an opportunity of recruiting their health and spirits in our pleasant country home.

The appointment of Resident Clinical Student is much sought after, and we have frequently the satisfaction of seeing men who have studied insanity in this Hospital, selected for higher and more important posts. Dr. W. WILLIAMS, who recently left us to be Assistant Medical Officer at Hanwell, has just been appointed Resident Medical Superintendent at the Denbigh County Asylum ; and Mr. H. CLIFFORD GILL, some few years since one of our Students, has during the year, received a similar appointment at the York Lunatic Hospital.

At the end of the year we had an alarm of fire in the billiard room, caused by a lighted match having been thrown behind one of the pipes used for heating purposes. Fortunately the fire was discovered and extinguished before any serious damage had been done. There are no complete arrangements against the event of a fire occurring in the



Hospital, but owing to the construction of the wards, and the constant supervision exercised, I cannot feel there is any serious danger to be apprehended. A bucket of water in the first instance, is far more valuable than the most elaborate system of water supply, which not unfrequently fails when the fire has made any headway.

I have again to acknowledge many kind presents for the patients, from Governors whose liberality is well known to the Committee, and to whom we are indebted for nearly all the handsome engravings, statuettes, and books, which add so much to the appearance and comfort of the wards, and help to cheer and instruct the inmates. I ought especially to mention the donation of a magnificent grand piano, which enables us to have an instrument in each ward on the female side.

We have had several visitors of distinction during the year. Amongst others, the Empress of Austria, and the present King of Spain honoured us with visits, and expressed themselves as much pleased with all they saw. Her Majesty the Empress of Austria afterwards sent a present of £20, to be distributed amongst the attendants and servants.

On March 21st, two of the Commissioners in Lunacy paid an official visit to the Hospital, and left the following Report:—

BETHLEM ROYAL HOSPITAL,  
LONDON. S.E.,  
*March 21st, 1874.*

Two hundred and fifty-one patients are now on the books. Of these, 95 are men, and 156 women; of the former 2, and of the latter 12, are away on leave; but with these exceptions, we have to-day seen all, and found them remarkably free from excitement, and generally well conducted. Four of the men, and three of the women were in bed; but as a rule, the general health of the inmates appears to be good.

This Hospital was visited barely four months ago, but during that interval the following changes have occurred:—

	Males.	Females.	Total.
Admissions .....	33	50	83
Discharges .....	48	56	104
Deaths .....	6	3	9

Of those discharged, 15 men and 23 women are returned as having recovered. There is nothing to remark as to the cause of death in any instance, and no inquest has been held.

There was no one in seclusion to-day, nor has any man been secluded since the last visit, but 5 women have been, on 9 occasions.

There has been no resort to restraint. The numbers at present registered as taking medicine, are 10 of the male,

and 12 of the female sex. The arrangements for the subdivision of Ward No. 1 on the female side are completed, though some necessary painting and papering in it has been temporarily deferred. A portion of the ward is now occupied by 15 patients of a troublesome class, who would annoy others of a more orderly disposition. They are under the charge of 3 attendants, and the plan of placing them here under effective supervision is stated to have proved very advantageous to them, and we certainly found them to-day, though in one or two instances inclined to be talkative, yet free from any real excitement.

We were in the kitchen whilst the dinners were being served out. They all appeared excellent, and included a variety of diet for patients for whom some change or any special luxury might be thought advisable.

The weekly associated entertainments are continued, and books and periodicals, as well as in-door and out-door games, are still liberally provided. Many, in fact all who are fit to do so, go for walks beyond the Hospital grounds, and some occasionally to theatres and other places of entertainment.

The bedding, as well as the general furniture of the dormitories, was clean, and kept in good order; and the condition of the corridors and day-rooms, especially on the female side, was satisfactory. The plants, flowers, aquariums, and cages of birds that are in many of them, enliven them, and as far as possible, render them bright and cheerful.



One man who is labouring under many delusions, made some complaints to us (in the course of a long conversation), for which we think there was no foundation ; and though we spoke to most of the patients on both sides, no other complaint was preferred, and we have no reason to doubt that they continue to be treated with great kindness and judicious care.

(Signed) GREVILLE HOWARD, } *Commissioners*  
ROBERT NAIRNE, } *in Lunacy.*

There have been very few changes in the staff of attendants, and I have much pleasure in reporting most favourably of their general conduct. The reputation of an asylum may be seriously injured by misconduct, or ill-treatment of patients, on the part of attendants, whose position is one of much trust ; and it is gratifying to feel, that owing to the liberal scale of wages sanctioned by the Committee, we are able to select attendants of a good class, who take a real interest in their work, and have the welfare of the Institution at heart.

Dr. SAVAGE continues at all times to afford me most efficient aid in the performance of my duties, and I feel myself fortunate in having the services of such an able colleague. Mr. HAYDON is ever ready to give me any assistance in his power ; indeed from all the officers, I have received a most kind and cordial co-operation, by which the cares and responsibilities of my office have been much lightened.

I have again added an Appendix containing a record of



the year's work, in the compilation of which Dr. SAVAGE has rendered most valuable help.

In conclusion, I beg sincerely to thank the Committee for their continued confidence and many acts of kindness to myself during the past year.

I have the honour to be,  
My Lords and Gentlemen,  
Your very obedient Servant,  
W. RHYS WILLIAMS, M.D.

BETHLEM HOSPITAL,  
*January, 1875.*

---



---

**T A B L E S.**

---

## INDEX TO TABLES.

---

No.		Page
1	Patients admitted and discharged . . . . .	43
2	Average number of patients in the Hospital, attending chapel, and under restraint, during the last thirty-four years . . . . .	44
3	Total number of curable patients admitted into Bethlem Hospital during 100 years, ending the 31st December, 1874, and the amount of cures and deaths . . . . .	44
4	Annual admissions, cures, and deaths, of curable patients during the last fifty-four years . . . . .	45
5	Form of mental disease . . . . .	46
6	Monthly admissions, cures, and deaths . . . . .	46
7	Ages . . . . .	47
8	Duration of disease before admission. . . . .	47
9	Degree of education . . . . .	48
10	Religious persuasion . . . . .	48
11	Domestic condition . . . . .	49
12	Residence . . . . .	49
13	State of general health . . . . .	50
14	Behaviour . . . . .	50
15	Suicidal tendency . . . . .	51
16	Number of previous attacks . . . . .	51
17	Apparent or assigned causes. . . . .	52
18	Occupation of curable patients admitted during 1874 . . . . .	53
18	"                "                discharged cured during 1874 . . . . .	54
18	"                "                discharged uncured in 1874 . . . . .	55
18	"                "                who died in 1874 . . . . .	56
19	Particulars of patients who have died during the year 1874, as reported to the Bethlem Sub-Committee . . . . .	57
20	Return of employment, June 30th, 1874 . . . . .	58
21	Females employed on June 30th, 1874 . . . . .	58
22	Time in Hospital . . . . .	59
23	Patients cured . . . . .	60
24	Daily average number of patients in the Hospital during the year 1874 . . . . .	61
25	Return of the incurable patients now in the Hospital . . . . .	62
26	Time the incurable patients have been in the Hospital . . . . .	65
27	Degree of education of incurable patients in the Hospital . . . . .	65
28	Obituary—Males . . . . .	66
	"                Females . . . . .	72



## No. 1.

## PATIENTS ADMITTED AND DISCHARGED.

Between the Years 1820 and 1873 inclusive.															During 1874.									
Curables.					Incurables.					Criminals.					Total.									
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.							
Remained in Hospital 1st Jan. 1820, including those out on leave of absence																								
29	52	81																						
Admitted during the years 1820 to 1873 inclusive																								
4714	7176	11890	116	136	252	622	114	736	5452	7426	12878	93	139	232	2	2	4							
4743	7228	11971	144	177	321	663	123	786	5550	7528	13078	167	149	416	27	32	59							
Discharged—																								
Cured.....																								
2296	3933	6229	10	32	42	102	37	139	2408	4002	6410	41	87	128	..	..	..							
1257	2082	3339	..	4	4	3	..	3	1260	2086	3346	31	23	54	..	..	..							
For special reasons ..																								
181	216	399	24	20	44	..	1	1	205	239	444	9	10	19	..	..	..							
Disqualified..																								
526	434	960	6	..	6	..	..	..	532	434	966	..	..	..	..	..	..							
Having been sent out on leave of absence, and no account since received of their state of mind.....																								
34	68	102	..	1	1	..	..	..	34	69	103	..	..	..	..	..	..							
Removed by order of the Secretary of State ..																								
2	..	2	..	..	..	437	59	496	439	59	498	..	..	..	..	..	..							
Escaped ..																								
..	1	1	1	..	1	5	1	6	6	2	8	..	..	..	..	..	..							
373	382	755	78	90	168	116	24	140	567	496	1063	11	10	21	2	2	4							
{ Out on leave .....																								
..	..	..	..	..	..	..	..	..	..	..	..	{ In Hospital, Dec. 31, 1873.	..	..	..	..	..							
74	110	164	25	30	55	..	1	1	99	141	240	..	..	..	..	..	..							
4743	7228	11971	144	177	321	663	123	786	5550	7528	13078	167	249	416	27	32	59							

## No. 2.

AVERAGE NUMBER OF PATIENTS in the HOSPITAL, attending Chapel, and under restraint, during the last Thirty-four years.

During the Years	Number of Patients.	Sunday Chapel Attendance.	Weekly average of Patients under restraint.
1841 } to } 1850 } inclusive.	382	*113, or 29 per cent.	2 per cent.
1851 } to } 1860 } inclusive.	345	166, or 48 per cent.	None.
1861 } to } 1870 } inclusive.	278	†141, or 51 per cent.	None.
1871	242	‡108, or 40½ per cent.	None.
1872	232	102, or 43·9 per cent.	None.
1873	237	95, or 40 per cent.	None.
1874	242	89, or 32·6 per cent.	None.

## AVERAGE DAILY NUMBER OF PATIENTS EMPLOYED.

Males .....	70
Females .....	62

---

132

\* Attendance partially suspended during the enlargement of the Chapel.

† Criminals being removed during the Years 1863 and 1864.

‡ September 7, 1870. From this date Patients have been sent annually to Bethlem Convalescent Hospital, Witley.

## No. 3.

TOTAL NUMBER OF CURABLE PATIENTS admitted into BETHLEM HOSPITAL during One Hundred Years, ending the 31st December, 1874, with the amount of Cures and Deaths.

Total number of Patients admitted	19,721.
Discharged cured .....	8,972 or 45·49 per cent.
Died .....	1322, or 6·70 per cent.

## No. 4.

ANNUAL ADMISSIONS, CURES, and DEATHS of CURABLE  
PATIENTS during the last Fifty-four years.

Years.	Admitted			Cured.			Died.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
From 1821 to 1830 inclusive.	686	995	1681	303	488	791	37	40	77
1831 to 1840 inclusive.	983	1462	2445	463	816	1279	58	62	120
1841 to 1850 inclusive.	1191	1855	3046	639	1008	1647	76	94	170
1851 to 1860 inclusive.	784	1311	2095	426	732	1158	68	72	140
1861 to 1870 inclusive.	789	1147	1936	359	644	1003	101	84	185
1871	62	117	179	35	72	107	8	8	16
1872	78	109	187	29	56	85	12	12	24
1873	88	119	207	30	34	64	10	8	18
1874	93	139	232	41	87	128	11	10	21
	4754	7254	12008	2325	3937	6262	381	390	771

## No. 5.

## FORMS OF MENTAL DISEASE

Admitted.				Discharged.								
				Cured.			Uncured.			Died.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Acute Mania ..	27	72	99	21	36	57	5	2	7	1	2	3
Chronic Mania	5	8	13	..	..	..	10	10	20	5	1	6
Recurrent Ma..	2	1	3	..	..	..	..	..	..	..	..	..
Acute Melan- cholia .... }	30	48	78	17	46	63	7	8	15	..	9	9
Insanity of Pregnancy, Parturition, & Lactation }	..	..	..	..	..	..	..	..	..	..	..	..
Dementia .....	8	10	18	2	5	7	4	3	7	..	1	1
General Paralysis	21	..	21	1	..	1	5	..	5	7	..	7
	93	139	232	41	87	128	31	23	54	13	13	26

## No. 6.

## TIME of ADMISSION and DISCHARGE of CURABLE PATIENTS.

Admitted.				Discharged.								
				Cured.			Uncured.			Died.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
January ....	10	11	21	2	2	4	3	2	5	1	1	2
February .. .	7	12	19	3	6	9	3	2	5	4	1	5
March .....	4	19	23	5	2	7	3	2	5	1	..	1
April .....	7	20	27	3	9	12	4	1	5	3	2	5
May .....	3	2	5	3	6	9	2	4	6	1	1	2
June .....	6	14	20	4	5	9	3	3	6	..	1	1
July .....	12	12	24	..	9	9	2	..	2	1	..	1
August .....	8	6	14	1	6	7	2	3	5	..	..	..
September ..	9	10	19	4	14	18	4	3	7	1	2	3
October ....	13	9	22	5	8	13	1	1	2	1	2	3
November ..	9	17	26	4	13	17	3	1	4	..	1	1
December ..	5	7	12	7	7	14	1	1	2	..	2	2
	93	139	232	41	87	128	31	23	54	13	13	26



## No. 7.

## AGES.

Admitted				Discharged.								
				Cured.			Uncured.			Died.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 15 years	2	..	2	2	1	3	..	..	..	..	1	1
From 15 to 20	7	12	19	3	10	13	3	3	6	..	1	1
— 20 to 25	9	17	26	6	16	22	9	4	13	2	1	3
— 25 to 30	13	21	34	3	11	14	2	4	6	1	..	1
— 30 to 35	13	29	42	6	18	24	4	3	7	..	3	3
— 35 to 40	16	15	31	7	7	14	4	1	5	3	..	3
— 40 to 45	8	7	15	2	6	8	2	4	6	..	..	..
— 45 to 50	6	12	18	2	6	8	2	1	3	5	2	7
— 50 to 55	9	13	22	6	5	11	3	..	3	..	2	2
— 55 to 60	6	8	14	1	3	4	1	..	1	1	..	1
— 60 to 65	3	5	8	2	3	5	1	3	4	..	..	..
— 65 to 70	1	..	1	1	..	1	..	..	..	1	1	2
— 70 to 75	..	..	..	..	1	1	..	..	..	..	2	2
	93	139	232	41	87	128	31	23	54	13	13	26

## No. 8.

## DURATION of DISEASE before Admission.

Admitted.				Discharged.								
				Cured.			Uncured.			Died.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 1 month	50	63	113	25	47	72	7	5	12	5	2	7
— 2 — ..	15	29	44	4	18	22	5	4	9	3	2	5
— 3 — ..	10	11	21	5	8	13	6	1	7	1	4	5
— 4 — ..	3	10	13	2	6	8	1	5	6	1	..	1
— 5 — ..	2	7	9	..	4	4	1	1	2	1	2	3
— 6 — ..	3	8	11	3	1	4	8	3	11	1	..	1
— 7 — ..	1	2	3	..	..	..	..	..	..	..	1	1
— 8 — ..	4	2	6	1	2	3	1	2	3	..	..	..
— 9 — ..	1	2	3	1	..	1	..	1	1	..	..	..
— 10 — ..	1	..	1	..	..	..	..	1	1	..	..	..
— 11 — ..	..	..	..	..	..	..	1	..	1	..	..	..
Not stated ....	3	5	8	..	1	1	1	..	1	1	2	3
	93	139	232	41	87	128	31	23	54	13	13	26



No. 9.

DEGREE OF EDUCATION.

Admitted.				Discharged.								
				Cured.			Uncured.			Died.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Superior . . . .	2	10	12	1	7	8	2	5	7	1	2	3
Good . . . . .	41	57	98	17	33	50	13	5	18	8	5	13
Moderate . . .	47	63	110	23	40	63	14	13	27	3	5	8
Imperfect ..	3	9	12	..	7	7	2	..	2	1	1	2
	93	139	232	41	87	128	31	23	54	13	13	26

No. 10.

RELIGIOUS PERSUASION.

Admitted.				Discharged.								
				Cured.			Uncured.			Died.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Church of } England }	45	68	113	24	54	78	19	14	33	6	9	15
Protestant ..	21	26	47	6	10	16	7	5	12	5	..	5
Dissenter . . . .	..	5	5	..	2	2	3	1	4	..	1	1
Congrega- } tionalist }	7	8	15	5	7	12	..	..	..	..	..	..
Wesleyan . . . .	6	4	10	1	2	3	..	1	1	..	1	1
Baptist . . . . .	2	14	16	1	5	6	1	1	2	..	..	..
Presbyterian ..	2	4	6	..	3	3	..	1	1	..	..	..
Hebrew . . . .	..	1	1	..	1	1	..	..	..	..	1	1
Plymouth } Brethren }	..	2	2	..	1	1	..	..	..	..	..	..
Roman Ca- } tholic . . }	3	1	4	3	..	3	1	..	1	2	1	3
Doubtful or } None }	7	6	13	1	2	3	..	..	..	..	..	..
	93	139	232	41	87	128	31	23	54	13	13	26

## No. 11.

## DOMESTIC CONDITION.

Admitted.				Discharged.								
				Cured.			Uncured.			Died.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Married ....	52	54	106	22	41	63	14	7	21	9	5	14
Single .....	38	72	110	18	38	56	15	15	30	4	6	10
Widowed ....	3	13	16	1	8	9	2	1	3	..	2	2
	93	139	232	41	87	128	31	23	54	15	13	26

## No. 12.

## RESIDENCE.

Admitted.				Discharged.								
				Cured.			Uncured.			Died.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
London Postal Dis- trict. }	65	88	153	29	52	81	19	10	29	10	8	18
Provinces....	25	50	75	12	33	45	11	13	24	1	5	6
Abroad.....	3	1	4	..	2	2	1	..	1	2	..	2
	93	139	232	41	87	128	31	23	54	13	13	26

## No. 13.

## GENERAL HEALTH.

Admitted.				Discharged.								
				Cured.			Uncured.			Died.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Good .....	50	64	114	21	36	57	20	10	30	5	3	8
Bad .....	43	75	118	20	51	71	11	13	24	8	10	18
	93	139	232	41	87	128	31	23	54	13	13	26

## No. 14.

## BEHAVIOUR.

Admitted.				Discharged.								
				Cured.			Uncured.			Died.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dangerous and violent }	39	40	79	22	23	45	12	4	16	3	3	6
Not dangerous and violent }	54	99	153	19	64	83	19	19	38	10	10	20
	93	139	232	41	87	128	31	23	54	13	13	26

No. 15.  
SUICIDAL TENDENCY.

Admitted.				Discharged.								
				Cured.			Uncured.			Died.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Suicidal ....	29	47	76	19	28	47	9	6	15	2	8	10
Non-Suicidal	64	92	156	22	59	81	22	17	39	11	5	16
	93	139	232	41	87	128	31	23	54	13	13	26

No. 16.  
NUMBER OF PREVIOUS ATTACKS.

Admitted.				Discharged.								
				Cured.			Uncured.			Died.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
First.....	80	108	188	25	62	87	25	19	44	13	9	22
Second.....	8	18	26	10	11	21	6	4	10	..	3	3
Third .....	3	6	9	4	7	11	..	..	..	..	1	1
Fourth .....	1	1	2	1	2	3	..	..	..	..	..	..
Fifth.....	..	2	2	..	2	2	..	..	..	..	..	..
Sixth .....	..	..	..	..	..	..	..	..	..	..	..	..
Many .....	1	4	5	1	3	4	..	..	..	..	..	..
	93	139	232	41	87	128	31	23	54	13	13	26



## No. 17.

## APPARENT OR ASSIGNED CAUSES.

Admitted.				Discharged.								
				Cured.			Uncured.			Died.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
<b>PSYCHICAL.</b>												
Mental anxiety .....	5	5	10	4	4	8	1	1	2	3	.	3
Mental work .....	17	4	21	5	2	7	3	2	5	2	..	2
Religious excitement..	2	11	13	1	7	8	1	..	1	..	..	..
Pecuniary troubles ..	8	2	10	5	..	5	9	2	11	1	..	1
Love affairs .....	2	3	5	..	2	2	..	1	1	..	.	..
Fright .....	1	4	5	..	3	3	..	..	..	..	..	.
Grief .....	4	13	17	2	6	8	2	2	4	1	.	1
Domestic worry.....	2	4	6	3	..	3	1	2	3	..	..	..
Excitement (sudden)..	..	8	8	..	..	..	1	..	1	..	..	..
Disappointment ....	.	..	..	3	..	3	2	..	2	1	2	3
Shame .....	..	1	1	1	..	1	1	..	1	..	..	..
<b>PHYSICAL.</b>												
Phthisis .....	..	..	..	..	..	..	..	..	..	1	3	4
Childbirth, &c. ....	..	18	18	..	18	18	..	2	2	..	1	1
Neuralgia .....	..	2	2	..	1	1	..	..	..	..	1	1
Intemperance .....	4	7	11	5	2	7	2	..	2	..	..	..
Old age .....	1	..	1	..	..	..	..	..	..	1	..	1
Masturbation.....	1	1	2	2	1	3	3	1	4	..	..	..
Sunstroke .....	1	..	1	1	..	1	1	1	2	.	..	..
Blow on head .....	1	..	1	..	..	..	..	..	..	..	..	..
Uterine .....	..	5	5	..	5	5	..	..	..	..	..	..
Climacteric .....	..	10	10	..	5	5	..	..	..	..	..	..
Hereditary.....	2	2	4	..	3	3	1	3	4	.	..	..
Previous attacks ....	1	1	2	..	..	..	..	..	..	..	..	..
Weakness .....	4	5	9	..	4	4	3	2	5	..	1	1
Apoplexy .....	1	..	1	..	..	..	..	..	..	..	..	..
Fevers .....	3	3	6	1	..	1	..	.	..	.	.	.
Railway travelling....	2	.	2	..	..	..	..	..	.	..	..	..
Peritonitis .....	1	..	1	1	..	1	..	..	..	..	..	..
Syphilis .....	..	..	.	1	..	1	..	..	..	.	..	..
Not known .....	30	30	60	5	14	19	..	4	4	3	5	8
	93	139	232	41	87	128	31	23	54	13	13	26

## No. 18.

OCCUPATION OF CURABLE PATIENTS *admitted* during 1874.

MALES.		FEMALES.	
Accountants .....	2	Companions .....	3
Artists .....	5	Governesses .....	34
Clergymen .....	4	Housekeepers .....	7
Clerks .....	25	Milliners .....	2
Commercial Travellers ....	4	Ladies' Maids .....	6
Engineer .....	1	Shopwomen.....	3
Farmers .....	2	Wives, widows, or daugh- ters of professional men }	11
Gardeners .....	2	Wives, widows, or daugh- ters of clerks, trades- men.....	34
Gentleman.....	1	Wives, widows, or daugh- ters of servants, and skilled mechanics .... }	7
Inventor.....	1	Of no occupation .....	22
Skilled Mechanics.....	8		
Midshipman .....	1		
Policemen .....	4		
Servants .....	2		
Solicitors .....	2		
Surgeons .....	3		
Tradesmen .....	24		
No occupation .....	2		
	<hr/> 93		<hr/> 139

No. 18.—*continued.*OCCUPATION OF CURABLE PATIENTS *discharged Cured* during 1874.

MALES.		FEMALES.	
Artist.....	1	Governesses.....	13
Clerks .....	11	Housekeepers .....	8
Commercial Travellers....	2	Ladies' Maids.....	3
Gardener .....	1	Milliners .....	9
Inventor.,.....	1	Shopwomen .....	2
Policemen .....	2	Wives, widows, or daugh- } ters of professional men }	10
Skilled Mechanics.....	8	Clerks to Tradesmen ....	26
Scholars.....	3	Wives, widows, or daugh- } ters of skilled mechanics }	8
Solicitor.....	1	Of no occupation .....	8
Surgeon ....	1		
Teacher .....	1		
Tradesmen.....	8		
Tuner.....	1		
	<hr/> 41		<hr/> 87

No. 18--*continued.*OCCUPATION OF CURABLE PATIENTS *discharged Uncured* during 1874.

MALES.		FEMALES.	
Barrister .....	1	Governesses .....	6
Clerks .....	9	Housekeeper .....	1
Draughtsman.....	1	Shopwomen .....	2
Engineer .....	1	Wives of professional men	2
Engraver .....	1	Wives of tradesmen ....	6
Skilled Mechanics.....	2	Of no occupation .....	6
Officer .....	1		
Surgeon.....	1		
Solicitors .....	2		
Tradesmen.....	9		
Tutor .....	1		
Valet .....	1		
Of no occupation .....	1		
	<hr/>		<hr/>
	31		23



No. 18.—*continued.*OCCUPATION OF CURABLE PATIENTS who *Died* during 1874.

MALES.		FEMALES.	
Accountant .....	1	Governesses .....	2
Artist.....	1	Ladies' Maid.....	1
Clerks.....	4	Milliners .....	2
Commercial Traveller ....	1	Wives of tradesmen .....	2
Policeman .....	1	Of no occupation.....	3
Skilled Mechanic .....	1		
Solicitor.....	1		
Tradesman.....	1		
	<hr/>		<hr/>
	11		10

## No. 19,

PARTICULARS of PATIENTS who have DIED during 1874.

	Sex.	Age.	Condition.	Admitted.	Died.	Cause of Death.	Time in Hospital.
1	Male..	21	Curable	Dec. 27, 1873	Jan. 13, 1874	Pneumonia and acute mania	2 weeks
2	Male..	24	„	May, 1872	Feb., 1874	Pleurisy and chronic mania	21 mths.
3	Male..	67	Incurable	1844	1874	Exhaustion; cancer of neck; chronic mania	30 years
4	Male..	62	„	1859	1874	Chronic bronchitis; chronic mania	15 years
5	Male..	50	Curable	Jan. 12, 1874	Feb. 24, 1874	Exhaustion; general paralysis	6 weeks
6	Male..	47	„	Jan. 6, 1874	March 9, 1874	Exhaustion and melancholia	2 mths.
7	Male..	38	„	April, 1870	April, 1874	General paralysis	4 years
8	Male..	39	„	August, 1873	April, 1874	General paralysis	8 mths.
9	Male..	39	„	April 16, 1874	April, 25, 1874	Exhaustion and melancholia	9 days
10	Male..	52	„	April 15, 1874	May 15, 1874	Exhaustion and acute mania	1 mth.
11	Male..	50	„	Dec., 1873	July, 1874	Epileptiform fit; general paralysis	7 mths.
12	Male..	29	„	Feb., 1873	Sept., 1874	Phthisis and chronic mania	19 mths.
13	Male..	52	„	Jan., 1872	Oct., 1874	Exhaustion and melancholia	21 mths.
14	Female	33	Curable	Nov., 1873	Jan., 1874	Phthisis and acute mania	2 mths.
15	Female	74	Incurable	1839	1874	Hemiplegia; dementia	35 years
16	Female	50	Curable	Dec. 26, 1873	March, 1874	Melancholia	3 mths.
17	Female	71	Criminal-- Incurable	1856	1874	Exhaustion; recurrent melancholia	18 years
18	Female	16	Curable	April 27, 1874	May 4, 1874	Acute mania and phthisis	7 days
19	Female	50	„	April 9, 1874	May 27, 1874	Exhaustion and acute melancholia	6 weeks
20	Female	20	„	Oct., 1873	Sept., 1874	Phthisis and chronic mania	11 mths.
21	Female	54	„	April, 1874	Sept. 27, 1874	Chronic bronchitis; melancholia	5 mths.
22	Female	21	„	Jan., 1874	Oct., 1874	Acute mania and phthisis	9 mths.
23	Female	35	„	Jan., 1874	Oct., 1874	Melancholia; Hemiplegia	9 mths.
24	Female	64	Incurable	1844	1874	Chronic mania; epileptiform fits	30 years
25	Female	53	Curable	Nov. 24, 1874	Dec. 5, 1874	Exhaustion; melancholia	10 days
26	Female	32	„	Dec. 23, 1874	Dec. 30, 1874	Melancholia; cancer of ileum	1 week



No. 22.  
TIME IN HOSPITAL.

MONTHS																																	
Discharged, and under	1.		2.		3.		4.		5.		6.		7.		8.		9.		10.		11.		12. and upwards.			Total.							
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.	M.	F.	T.					
Cured .....	..	..	2	8	10	8	14	22	6	13	19	7	10	17	4	5	9	3	5	9	2	3	5	8	1	1	2	3	11	14	41	87	128
For special reasons....	..	1	1	..	1	1	2	1	3	..	3	1	1	1	3	1	1	2	1	..	..	..	1	1	2	..	..	2	1	2	10	6	16
Disqualified..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Died .....	3	3	6	2	..	2	..	..	..	..	..	..	1	1	..	2	..	2	2	..	..	..	..	..	1	1	1	6	3	9	13	13	26
Uncured .....	13	10	23	..	..	..	..	1	1	5	4	9	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	7	5	12	31	23	54



No. 23.  
PATIENTS CURED.

Insane before Admission.			Under 1 Month.			2.			3.			4.			5.			6.			7.			8.			10.			11.			12 or more.		
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
25	46	71	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..			
4	19	23	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..			
5	9	14	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..			
2	5	7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..			
..	4	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..			
3	1	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..			
..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..			
1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..			
1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..			
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..			
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..			
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..			
41	87	128	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..			



## No. 25.

RETURN of the INCURABLE PATIENTS IN HOSPITAL, 31st DEC., 1874.

No.	Sex.	Age when Admitted to Incur- able Estab- lishment.	Date of Admission to Incurable Establishment.
W.C.	Male .....	20	16th September, 1831.
P.R.	Female .....	25	28th March, 1834.
H.M.	Male .....	27	5th February, 1836.
M.A.B.	Female .....	30	13th January, 1837.
G.G.	Male .....	34	20th July, 1838.
E.B.P.	Male .....	26	27th March, 1840.
A.M.	Female .....	26	22nd May, 1840.
G.C.H.	Male .....	28	15th January, 1841.
J.T.	Male .....	31	30th April, 1841.
E.G.	Female .....	35	22nd June, 1842.
A.P.	Female .....	36	21st June, 1844.
C.L.	Male .....	28	19th July, 1844.
G.P.	Male .....	29	20th December, 1844.
S.T.	Female .....	29	28th February, 1845.
E.J.	Female .....	46	13th June, 1845.
J.B.	Male .....	29	10th October, 1845.
C.C.	Male .....	50	21st November, 1845.
W.E.	Male .....	32	2nd July, 1847.
W.B.N.	Male .....	39	14th February, 1848.
W.S.	Male .....	28	14th February, 1848.
M.A.H.	Female .....	26	3rd January, 1851.
E.J.G.	Female .....	40	4th July, 1851.

*Continued.*

RETURN OF INCURABLE PATIENTS—*continued.*

No.	Sex.	Age when Admitted to Incur- able Estab- lishment.	Date of Admission to Incurable Establishment.
H.B.	Female .....	41	18th July, 1851.
M.L.G.	Female .....	48	16th July, 1852.
C.M.	Male .....	30	6th August, 1852.
E.P.C.	Female .....	35	13th August, 1852.
T.Q.	Male .....	56	29th April, 1853.
E.K.	Male .....	31	27th October, 1854.
S.B.	Male .....	36	27th October, 1854.
A.R.	Female .....	29	15th December, 1854.
G.F.	Female .....	42	22nd June, 1855.
S.A.	Female .....	31	21st November, 1856.
C.T.	Female .....	20	11th December, 1857.
J.J.P.	Female .....	40	11th December, 1857.
C.T.	Male .....	32	21st May, 1858.
A.M.	Female .....	44	11th March, 1859.
J.S.	Female .....	23	29th April, 1859.
E.J.	Female .....	25	27th May, 1859.
J.W.	Female .....	63	30th May, 1860.
M.S.M	Female .....	43	12th June, 1868.
E.B.	Female .....	44	23rd April, 1869.
G.G.	Male .....	57	21st May, 1869.
E.G.	Female .....	37	15th October, 1869.
T.P.	Male .....	69	12th November, 1869.

*Continued.*



RETURN OF INCURABLE PATIENTS—*continued.*

No.	Sex.	Age when Admitted to Incur- able Estab- lishment.	Date of Admission to Incurable Establishment.
E.B.	Female . . . . .	45	11th November, 1870.
J.A.C.	Male . . . . .	48	18th November, 1870.
J.S.	Female . . . . .	46	5th April, 1872.
A.M.H.	Female . . . . .	57	10th May, 1872.
A.B.	Female . . . . .	42	10th July, 1872.
T.A.C.	Male . . . . .	30	23rd October, 1872.
H.M.	Male . . . . .	33	17th September, 1873.
T.E.B.	Male . . . . .	83	25th February, 1874.
J.W.E.	Male . . . . .	40	25th February, 1874.
E.F.	Female . . . . .	37	25th February, 1874.
E.L.G.	Female . . . . .	37	11th November, 1874.

## No. 26.

TIME the INCURABLE PATIENTS have been in the Hospital.

	Males.	Females.	Total.
Upwards of 30 years .....	8	5	13
— 20 — .....	8	8	16
— 10 — .....	1	8	9
Under 10 — .....	8	9	17
	25	30	55

## No. 27.

DEGREE of EDUCATION of Incurable Patients in the Hospital.

	Males.	Females.	Total.
Good .....	11	20	31
Moderate.....	7	5	12
Imperfect.....	4	3	7
None .....	2	..	2
Not ascertained .....	1	2	3
	25	30	55

No. 28.

Date of Death. 1874.	Date of last Admission.	Age at Death. Civil State.	Mental State and Bodily Condition on Admission.	Duration and Cause of Disorder.	Assigned Cause of Death.	POST-MORTEM APPEARANCES.		
						HEAD.	THORAX.	ABDOMEN.
Jan. 13.	Dec. 1873.	21 Single.	Acute mania. Weak.	Two days.	Exhaustion.	Calvarium thin, symmetrical. Dura mater attached posteriorly to skull, and along longitudinal sinus to arachnoid. Great venous congestion of pia mater. Excess of pachionian bodies. Puncta in excess. Arachnoid, pia mater, and cortex inseparable. Brain substance soft. Numerous corpora amylacea in all parts of grey matter of cortex. Brain 54 oz. Calvarium very thin. Diaphanous crista galli very large. Dura mater white and thick, adherent along longitudinal sinus. Arachnoid with milky spots Slight arterial congestion of pia mater. Excess of sub-arachnoid fluid. Wasting of grey matter of cortex, which is pale. Brain firm. Excess of fluid in ventricles. Cord pressed upon by an abscess outside dura mater for 2½ in. in dorsal region. Cord softened Dura mater of cord thickened and red. Brain 43½ oz.	Lungs in state of red hepatization. Heart empty, flabby.	Kidneys congested.
Feb. 7.	May, 1872.	24 Single.	Delusional Insanity. Good.	Four months.	Paraplegia. Exhaustion.	Both lungs adherent from sub-recent effusion. Right lung firmly adherent posteriorly to an abscess that extended across spinal canal into left dorsal museles, and in the sheath of these spread to neck and vaerum. Both lungs emphysematous at anterior edges. Left lung in state of red hepatization. Right lung filroid and partly airless. Left lung 29¼ oz. Right lung 12½ oz.		Liver very fatty.

POST-MORTEM APPEARANCES.									
Date of Death, 1874.	Date of last Admission.	Age at Death. Civil State.	Mental State and Bodily Condition on Admission.	Duration and Cause of Disorder.	Assigned Cause of Death.	HEAD.		THORAX.	ABDOMEN.
Feb. 19.	Feb., 1844.	67 Single.	Chronic mania. Good.	Three months before admission. Political troubles.	Age and exhaustion following chronic mania.	Calvarium thick and unsymmetrical. Dura mater adherent throughout to calvarium and thickened. Arachnoid spread loosely over brain with opaque spots. Great excess of sub-arachnoid fluid. Brain wasted, pale, and sodden. Pia mater with patches of local congestion. Lateral ventricles full of semi-opaque semi-fluid matter. Choroid with many vesicles. Vessels at base atheromatous. Brain 56 oz.		Lungs healthy. Left lung signs of recent pleurisy. Recent pericarditis. There was a large ulcerating cavity in left sub-maxillary space, probably pressing on left pneumogastric. This tumor proved to be scirrhus.	Liver with three deep lobes, as if from lac-ing.
Feb. 24.	March, 1859.	62 Married	Chronic mania. Good.	Unknown. Heredity.	Chronic bronchitis. Chronic mania.	Calvarium thin, symmetrical. Dura mater firmly attached anteriorly to calvarium. Arachnoid and pia mater easily detached from cortex. Great venous congestion, especially posteriorly. Excess of sub-arachnoid fluid. Wasting of grey matter of convolutions. Ventricles contained excess of fluid. Brain matter soft and tenacious. Choroid with numerous cysts. Vessels at base atheromatous. Brain 49½ oz.		Lungs deeply pigmented. Left lung slightly adherent. Anterior edges of lung emphysematous. General bronchitis. Both bases greatly congested. Right lung 23¾ oz. Left lung 19½ oz. Heart fatty.	Liver and kidneys fatty.



Date of Death. 1874	Date of last Admission.	Age at Death. Civil State.	Mental State and Bodily Condition on Admission.	Duration and Cause of Disorder.	Assigned Cause of Death.	POST-MORTEM APPEARANCES.		
						HEAD.	THORAX.	ABDOMEN.
March 9.	Jan. 6, 1874.	47 Married.	Melancholia. Weak.	Six weeks. Money loss.	Exhaustion. Melancholia.	Calvarium thick and dense. Dura mater adherent all over, but most firmly at posterior and central parts. Arachnoid with many opaque patches. Excess of sub-arachnoid fluid. Pia mater much congested. Great wasting of convolutions. Right anterior frontal almost wanting. Brain 50 oz	Recent pleurisy, right; old pleurisy, left. Left lung pneumonic. Two small abscesses filled with tenacious mucus. Right lung in state of grey hepatization.	Liver having many patches of a pitchy colour not due to decomposition. Spleen with patches of discoloration. Kidneys healthy.
April 18.	April 13, 1874.	39 Married	Melancholia. Weak.	Six days.	Exhaustion. Melancholia.	Calvarium thick, congested. Dura mater adherent throughout, slightly thick. Arachnoid thick, with many milky patches. Many paccchionian bodies. Pia mater adherent to cortex. Excess of puncta. Excess of sub-arachnoid fluid. Left petrous portion of temporal more prominent than right. Brain 47½ oz.	Much hypostatic congestion of lungs; some pneumonia.	Kidneys congested.

Date of Death. 1874.	Date of last Admission.	Age at Death. Civil State.	Mental State and Bodily Condition on Admission.	Duration and Cause of Disorder.	Assigned Cause of Death.	POST-MORTEM APPEARANCES.		
						HEAD.	THORAX.	ABDOMEN.
May 15.	April 15. 1874.	52	Acute mania and great weakness.	One month. Unknown.	Exhaustion. Acute mania.	Calvarium rather thick, but uniform. Dura mater adherent throughout. Arachnoid free and loose, with many milky patches between convolutions. Great excess of sub-arachnoid fluid. Excess of pachionian bodies. General wasting of convolutions. Excess of fluid in ventricles. Brain pale and bloodless. Vessels at base atheromatous. Brain 47 oz.	On opening chest about one gallon of clear fluid escaped. No signs of old or recent pleurisy. Recent brouchitis. Heart large; left ventricle with thickened wall. Heart 17 oz. Right lung 21 $\frac{3}{4}$ oz. Left lung 21 $\frac{1}{2}$ oz.	Liver congested and fatty. Kidneys with adherent capsules. Left iliac veins much dilated, as if due to some obstruction which we could not discover. Liver 69 oz.

Date of Death, 1874.	Date of last Admission.	Age at Death. Civil State.	Mental State and Bodily Condition on Admission.	Duration and Cause of Disorder.	Assigned Cause of Death.	POST-MORTEM APPEARANCES.		
						HEAD.	THORAX.	ABDOMEN.
July 18.	Dec. 5, 1873.	50	General Paralysis. Fair.	Five months.	Epileptiform fits. General Paralysis.	Calvarium uniform, rather thick; inner surface mapped out by capillaries, giving the surface a dullish red colour. Dura mater only slightly adherent, not thickened. Arachnoid and pia mater adherent to dura mater along the centre. Pia mater easily separable. Many opacities all over arachnoid at superior surface. Veins of pia mater rather full. At base of skull on left side the whole dura mater was of an ochrey colour, due to effusion into the dura mater. Grey matter thin and pale. No atheroma of vessels. Cysts present in choroid. Cord: great congestion of membranes of cord from 1st to 6th dorsal. No local softening. Brain 43 oz.	Not examined	Not examined.

Date of Death. 1874.	Date of last Admission.	Age at Death. Civil State.	Mental State and Bodily Condition on Admission.	Duration and Cause of Disorder.	Assigned Cause of Death.	POST-MORTEM APPEARANCES.		
						HEAD.	THORAX.	ABDOMEN.
Oct. 10.	Jan., 1872.	51 Married	Chronic melancholia. Weak.	Three weeks.	Exhaustion and melancholia.	Calvarium thick and pale, hollowed along centre by paccchionian bodies. Dura mater thickened and white. Arachnoid loose and stretched between convolutions. Convulsions thin, white, and putty like. Whitish patches on arachnoid. Vessels free from atheroma. Excess of sub-arachnoid fluid. Brain 50 oz.	Both lungs adherent at apex and posteriorly. Tubercular masses in left lung, and also a cavity. Right lung with some scattered tubercles; tubes inflamed.	Liver peculiarly bent on itself, as if too thin to support its free edge: fatty. Kidneys, capsule separable, rather fatty.



## OBITUARY.—FEMALES.—1874.

Date of Death, 1874.	Date of last Admission.	Age at Death. Civil State.	Mental State and Bodily Condition on Admission.	Duration and Cause of Disorder.	Assigned Cause of Death.	POST-MORTEM APPEARANCES.		
						HEAD.	THORAX.	ABDOMEN.
Feb. 25.	Aug. 1839.	74 Married	Melancholia. Good.	Sixteen months. Hyperlactation.	Exhaustion. Hemiplegia. Chronic Dementia.	Calvarium thick and congested. Exostosis at centre of left frontal, on inner surface, to which the dura mater was attached. Dura mater healthy. Arachnoid healthy. Excess of pachionian bodies. Great congestion of veins of pia mater. General wasting of grey matter of convolutions. Excess of sub-arachnoid fluid. Brain 38 oz. The cord exhibited a local patch of fibrous deposit or sclerosis in its whole length, in the posterior lateral right column. Brain 38½ oz.	Right lung bound to walls of chest by old adhesions. Anterior edges of lung emphysematous. Pericardium adherent throughout. Vessels of body generally atheromatous. Right arm, fore arm, leg, and thigh, rigidly contracted; muscular wasting.	Kidneys with cortex much wasted. Liver fatty.
March 31.	Dec. 26, 1873.	50 Married.	Melancholia. Weak.		Diarrhoea. Melancholia.	Calvarium uniform, thick. Dura mater adherent to calvarium throughout, and to arachnoid along longitudinal fissure and posteriorly. Excess of sub-arachnoid fluid. Brain wet and soft. Wasted convolutions. Brain 45½ oz.	Lung pale, and very free from pigment. Both lungs congested at bases.	Kidneys in early state of granular disease. Descending colon and rectum for 12 in. ulcerated. This part of bowel was glued by recent peritonitis to the abdominal wall.

Date of Death, 1874.	Date of last Admission.	Age at Death. Civil State.	Mental State and Bodily Condition on Admission.	Duration and Cause of Disorder.	Assigned Cause of Death.	POST-MORTEM APPEARANCES.		
						HEAD.	THORAX.	ABDOMEN.
March 29.	1856.	71 Widow	Recurrent melancholia. Good.	1849.	Strangulated hernia. Collapse. Chronic melancholia.	Calvarium thick and congested. Dura mater thickened, adherent to calvarium, and also along longitudinal sinns. Numerous paccchionian bodies. Arachnoid with numerous milky patches. Great excess of sub-arachnoid fluid. Considerable escape of blood on removal of calvarium. Pia mater much congested. Vessels at base very atheromatous. Sella tursica easily broken. Dura mater at base much congested. Brain 46½ oz.	Lungs deeply pigmented. Right apex slightly adherent. Heart loaded with fat, and also the muscular tissue fatty.	A very small knuckle of ileum sphacelated in femoral ring.
Sept. 4.	Oct., 1873.	20 Single	Chronic mania. Weak.	Ten Days. Phthisis.	Phthisis and Chronic mania.	Rigor mortis never came on. Calvarium pale, thin, and bloodless. Paccchionian bodies too numerous. Right side larger than left. Excess of fluid on removal of calvarium. Membranes pale and watery. Convulsions wasted. No tubercle in membranes. Puncta large and numerous. Brain 41 oz.	Both lungs riddled by cavities, the largest being at right apex; this was glued to the chest wall.	Liver rather fatty on section, with many amyloid spots. Right kidney a most typical specimen of phthisis renalis; the ureter also immensely dilated. Bladder with walls thickened.

## OBITUARY.—FEMALES.—1874.

Date of Death, 1874.	Date of last Admission.	Age at Death, Civil State.	Mental State and Bodily Condition on Admission.	Duration and Cause of Disorder.	Assigned Cause of Death.	POST-MORTEM APPEARANCES.		
						HEAD.	THORAX.	ABDOMEN.
Oct. 13.	Jan. 1874.	21 Single.	Melancholia. Weak.	Three months. Phthisis.	Melancholia and Phthisis.	Calvarium normal. Dura mater rather milky. Arachnoid with white patches. Pia mater vessels more than usually full of blood on left side, veins very much distended posteriorly. Sub-arachnoid fluid in excess. No tubercle. Brain 41 oz.	Old adhesion of right lung. Tubercle scattered in large masses throughout both lungs, most in the right. Right lung 20 oz. Left lung 19 $\frac{3}{4}$ oz.	Liver nutmeggy and fatty. Kidneys normal.
Oct.	Jan. 1874.	35 Married.	Melancholia. Weak.	Six months. Neuralgia.	Exhaustion. Hemiplegia and melancholia.	Calvarium very dense, heavy, and translucent in spots from excavations of pacchionian bodies. Calvarium weighed 12 oz. Whole brain shrunk from the membranes. Dura mater thickened in patches. Excess of sub-arachnoid fluid, raising the arachnoid from the brain surface. Milky spots in arachnoid. Left frontal lobes most wasted. Grey matter thin and pale. No tumors or local softening. Excess of fluid in lateral ventricles. Right corp. striat. rather soft. Vessels atheromatous. Brain 37 $\frac{1}{2}$ oz.	Two cavities in right apex, which was adherent to chest. Emphysema of anterior edges. Left lung airless and fibroid.	Liver soft. Spleen fatty. Kidneys normal.

POST-MORTEM APPEARANCES.				
Date of Death, 1871.	Date of last Admission.	Age at Death, Civil State.	Mental State and Bodily Condition on Admission.	Duration and Cause of Disorder.
Oct. 30.	1871.	64 Married.	Chronic mania. Good.	Three or four months. Misfortunes of husband.
Assigned Cause of Death.				
Chronic mania. Epileptiform fits.				
HEAD.				
Calvarium thick, dense, and bloody, weighing 12 oz. Dura mater milky, but not thickened. No adhesion of arachnoid or dura mater. Pacchionian bodies. Sub-arachnoid fluid in excess. Pia mater easily separable. Many small aneurismal dilations of vessels especially over left temporal region. Surface of convolutions soft and putty like. Convolutions much wasted. White matter with large spaces round vessels, giving a honeycombed appearance. Vessels at base atheromatous. Brain 43 oz.				
THORAX.				
ABDOMEN.				



## OBITUARY.—FEMALES.—1874.

Date of Death, 1874.	Date of last Admission.	Age at Death. Civil State.	Mental State and Bodily Condition on Admission.	Duration and Cause of Disorder.	Assigned Cause of Death.	POST-MORTEM APPEARANCES.		
						HEAD.	THORAX.	ABDOMEN.
Dec. 10.	Nov. 24.	53 Married.	Melancholia. Weak.	Two months. Overwork.	Exhaustion. Melancholia.	Calvarium thick, uniform; much congested. Dura mater adherent throughout. Surface of brain covered with networks of capillaries; much congested. Pia and arachnoid separable from convolutions. Puncta numerous. Some atheroma of vessels at base. Cysts on choroid. Brain 43 oz.	Right lung much congested. Left lung congested, brilliantly crimson. Emphysema at both anterior edges. Heart with excess of fat on the walls.	Liver normal. Gall bladder with one very large gall stone. Kidneys loaded with fat.
Dec. 30.	Dec. 19.	32 Married	Melancholia. Weak.	Three months.	Cancer. Melancholia.	Calvarium very pale and bloodless. Dura mater free. Convolutions much wasted on left temporal region. Arachnoid and pia mater easily separable. Large veins congested at posterior part. Excess of sub-arachnoid fluid. No atheroma of vessels.	Both lungs adherent at apices, where there were several hard masses of cheesy matter.	Liver large and very fatty. Cancerous ulcers in ileum, and implication of mesenteric glands. Uterus and ovaries normal.



## DIETARY TABLE.

## BREAKFAST.

Every Day.. Males .. Tea, with 7 oz. of Bread and Butter.

Females.. ,, 6 ditto

## DINNER.

Sunday . . . . Males { 6 oz. Boiled Beef } 4 oz. Bread,  $\frac{3}{4}$  lb. Vegetables, 1 pt. Beer.  
free from bone

Females.. 5 ,, ,, 4 ,,  $\frac{1}{2}$  ,,  $\frac{1}{2}$  ,,

Monday . . . . Males .. 6 ,, Roast Mutton, 4 ,,  $\frac{3}{4}$  ,, 1 ,,

Females.. 5 ,, ,, 4 ,,  $\frac{1}{2}$  ,,  $\frac{1}{2}$  ,,

Tuesday . . . . Males .. 6 ,, Boiled Mutton 4 ,,  $\frac{3}{4}$  ,, 1 ,,

Females.. 5 ,, ,, 4 ,,  $\frac{1}{2}$  ,,  $\frac{1}{2}$  ,,

Wednesday.. Males .. 6 ,, Roast Beef, 4 ,,  $\frac{3}{4}$  ,, 1 ,,

Females . 5 ,, ,, 4 ,,  $\frac{1}{2}$  ,,  $\frac{1}{2}$  ,,

Thursday . . . . . Same as Monday.

Friday . . . . . Same as Tuesday.

Saturday . . . . Males .. 16 oz. Meat Pie, 4 oz. Bread, 1 oz. Cheese, 1 pt. Beer.

Females.. 14 ,, ,, 4 ,, 1 ,,  $\frac{1}{2}$  ,,

## SUPPER.

Sunday, Monday, Tuesday, } Males .. Same as Breakfast.  
Thursday, and Friday

Wednesday and Saturday . . . . Males .. 7 oz. Bread, 2 oz. Cheese, 1 pint Beer.

Every Day . . . . . Females.. Same as at Breakfast.

Patients in employment in the Grounds, Workshops, or Laundry, to be allowed 4 oz. of Bread, 1 oz. of Cheese or  $\frac{1}{2}$  oz. of Butter, and  $\frac{1}{2}$  a pint of Beer for Luncheon, and  $\frac{1}{2}$  a pint of Beer in the Afternoon.

Every Patient to be allowed  $1\frac{3}{4}$  oz. Tea, 8 oz. of Sugar, 8 oz. of Butter, and  $1\frac{1}{2}$  pints Milk weekly.

On Christmas Day the Dinner to be Roast Beef and Plum Pudding.

On New Year's Day, a Mince Pie to be added to the usual fare.

On Good Friday, a Bun.

On Easter and Whit Monday, 6 oz. of Roast Veal to be allowed instead of the usual Meat for the day.

The Steward has liberty to vary the diet occasionally by Pork and Bacon, when Peas and Beans are in season; and by Fish, Fruit Pies, &c., when Fish and Fruit are plentiful and good.

The Sick to be dieted at the discretion of the Resident Physician.

The Attendants to have at all times the means of obtaining Gruel for such Patients as may require it.

The above to be considered maximum allowances, and all quantities unconsumed are to be taken in diminution of the next supply from the Stores of the Hospital.

No. 30.

## BETHLEM HOSPITAL.

## LIST OF OFFICERS, ATTENDANTS, AND SERVANTS.

## PRINCIPAL OFFICERS.

	£	s.	d.
*1 Resident Physician .....	850	0	0
*1 Assistant Medical Officer.. ..	300	0	0
†1 Chaplain .....	220	0	0
†1 Surveyor .....	125	0	0
*1 Clerk, Receiver, and Accountant.....	425	0	0
*1 Steward .....	450	0	0
*1 Matron.....	175	0	0
	<u>£2545</u>	<u>0</u>	<u>0</u>

\* Lodged and furnished with Coals, &c. † Neither boarded nor lodged.

## No. 31.

OTHER OFFICERS, ATTENDANTS, AND SERVANTS,  
MALES.

	£.	s.	d.
*2 Receiver's Clerks (£87 10s. and £60 per annum) ..	147	10	0
*1 Steward's Clerk .. .. .	50	0	0
*1 Organist .. .. .	25	0	0
1 Chapel Clerk .. .. .	5	0	0
†1 Under Store-keeper .. .. .	80	0	0
†1 House Porter, (a great coat once in three years) ..	47	0	0
†1 Assistant ditto (a great coat once in three years) ..	30	0	0
1 Gate-keeper, (a great coat once in three years) ..	50	0	0
†1 Cutter of provisions .. .. .	47	0	0
†1 Cook .. .. .	47	0	0
†1 Assistant ditto .. .. .	35	0	0
1 Head Attendant (boarded and lodged, and suit of uniform) .. .. .	75	0	0
†1 Attendant (D.H.) .. at £49 per annum ..	49	0	0
†5 Attendants .. at £47 per annum each	235	0	0
†2 Do. .. £42 per annum each	84	0	0
†2 Do. .. £40 per annum each	80	0	0
†1 Do. .. £35 per annum ..	35	0	0
†5 Do. .. £30 per annum each	150	0	0
*1 Night Watch, 26s. per week (no other allowance whatever) .. .. .	67	12	0
*†1 Carpenter, Head of Workshops, per annum.. ..	110	0	0
*†2 Do. (with occasional help) 30s. per week each	156	0	0
*†1 Plumber .. .. 30s. per week	78	0	0
*†1 Engineer .. .. 40s. per week	104	0	0
*†1 Bricklayer .. .. 30s. per week	78	0	0
*†1 Painter and Window Cleaner .. 30s. per week	78	0	0
*2 Window Cleaners, &c. .. 15s. and 25s. per week	104	0	0
*2 Stokers, &c. .. .. 27s. per week each	140	8	0
*†1 Labourer .. .. 25s. per week	65	0	0
†1 Gardener (with house and coals, &c.) 30s. per week	78	0	0
*†1 Assistant Gardener .. .. 21s. per week	54	12	0
*†4 Labourers (with occasional help) 20s. per week each	208	0	0
*†1 Mattress maker .. .. 27s. per week	70	4	0
1 Shoemaker .. .. 26s. per week	67	12	0
	<hr/> £2730 18 0 <hr/>		

\* Neither boarded nor lodged.

† In addition to board and lodging, have each a suit of clothes, a hat, a cap, and two working blouses, which become their own *after every completed year's service.*

‡ Occasionally employed at, or for King Edward's Schools.

|| Lodged only, with a suit of clothes and a hat.

The Head and Second Attendants of Male Ward 1, and Female Ward 1, are allowed Donations at Christmas, amounting in all to £11.

No. 31—*continued*.

## FEMALES.

					£	s.	d.
4	Attendants	..	..	.. £35 per annum each	140	0	0
2	Do.	..	..	.. £33 per annum ..	66	0	0
1	Do.	..	..	.. £29 per annum ..	29	0	0
2	Do.	..	..	.. £28 per annum each	56	0	0
5	Do.	..	..	.. £24 per annum ..	120	0	0
10	Do.	..	..	.. £20 per annum each	200	0	0
1	Work-woman	..	..	.. .. ..	35	0	0
1	Night Watch	..	..	.. .. ..	21	0	0
1	Do.	..	..	.. .. ..	20	0	0
1	Housemaid	..	..	.. .. ..	28	0	0
1	Assistant Nurse	..	..	.. .. ..	28	0	0
1	Laundrymaid	..	..	.. .. ..	35	0	0
1	Assistant do.	..	..	.. .. ..	20	0	0
1	Portress at K. E. S. Gate	..	..	.. .. ..	12	10	0
1	Students' Servant	..	..	.. .. ..	25	0	0
					<hr/>		
					£835	10	0
					<hr/>		

The wages of ordinary male attendants are £30 per annum for the first three years, next four years £35 per annum, and for the next three years £40 per annum. Attendants of ten years standing and upwards £42 per annum. Female attendants wages are £20 per annum for the first three years, next four years £24 per annum, and the next three years £28 per annum. Attendants of ten years standing and upwards £30 per annum. Attendants in charge of a Ward are allowed £5 per annum extra, and on the recommendation of the Resident Physician, in the event of an attendant, male or female, being appointed as second in charge he or she may be rated as an attendant of seven years standing.



BETHLEM  
CONVALESCENT ESTABLISHMENT,  
WITLEY.

No. 32.

OFFICERS AND SERVANTS.

		£	s.	d.
*1	Deputy Superintendent .. .. . per annum	140	0	0
†1	Cook .. .. . „	20	0	0
†1	Kitchenmaid .. .. . „	10	0	0
†1	Housemaid.. .. . „	10	0	0
‡1	Gardener (30s. per week and house—half to K. E. S., W)	39	0	0
‡2	Garden Labourers at 16s. per week.. .. .	83	4	0
		£302	4	0

\* Furnished Apartments with coals.

† Boarded and Lodged.

‡ Neither boarded nor lodged.

..\* The Kitchenmaid's and Housemaid's places have not been filled during the winter months.

---

## APPENDIX.

---



# APPENDIX

TO

## REPORT OF BETHLEM HOSPITAL.

---

It may be premised that this Appendix is but an addition to the Tables ; it is not proposed in it to exhaust the interest of the cases, nor to do more than glance at our endeavours to verify the observations of others, and record some original investigations.

Year by year one is forced to look more and more on the brain as the true secreter of ideas, and to believe that this brain, with its capacity for high function, is the legacy that each of us owes to his progenitors. This fact need not act as fatalism on a fatalist ; it should not make us say only we are what we are made ; but we should feel that we too are

responsible for what we make in our turn. The good we do, the habits of self-sacrifice and devotion, may descend as truly as habits of vice or intemperance.

We have this year taken great pains to ascertain the precise relationship of neuroses in our patients, and we subjoin the results.

Hereditary transmission is a great fact, but we must be prepared to trace mental symptoms in other forms than those seen in asylums, and one great difficulty is to hold the balance steadily enough so that without leaving out true neuroses, we shall not on the other hand have the bias so common to alienists, of considering every thing that is not common-place as insanity. There is a tendency now-a-days to consider nearly all diseases as due to the nervous system, and one hears of vaso-motor paralyses and other sympathetic troubles, as though they were demonstrable and common facts.

It seems to us that more attention should be paid to the numerous cases of insanity that are primarily due to disease of other organs.

There is such correlation of function, that when one member suffers, the whole body suffers also. And we shall have to notice cases in which all that was found after death—as causes of death—were lesions of the general viscera, and not of the brain primarily. It must be allowed that an organic visceral disease may produce only depression and vomiting



in one person, and in another insanity, with delusions. Though we believe that much insanity depends on inherited tendencies, we must also admit that certain vices predispose to insanity; that the offspring of degenerate parents may have an unstable nervous system that is easily upset.

We shall have to consider drink as a cause of insanity, and drink itself may cause nervous degeneration, and the tendency to drink is easily transmitted.

We shall have to consider the cases in which insanity or some neurosis was inherited, and among neuroses we shall consider attacks of paralysis; for age is one of the most relative of properties, and depends so much on the tissues inherited, that it is reasonable to consider what in one case appeared as atheroma of vessel and apoplexy, in another might be a similar atheroma and mal-nutrition of the brain or parts of it.

During the past year we have examined into the relationship of insanity to other diseases, as rheumatic fever and phthisis, and we are more than ever convinced that phthisis often plays an important part in the heredity. If we have insanity in one parent, and phthisis in the other, we have a much increased risk of insanity in the offspring.

We shall now consider in detail the cases of inherited neurosis among the males, and then among the females. Tabulated they are as follows:—

Relations of patients in Bethlem in 1874, affected by distinct neuroses :—

	Father	Mother	Brother	Sister	Paternal Uncle	Paternal Aunt	Maternal Uncle	Maternal Aunt	Paternal Grandfather	Paternal Grandmother	Maternal Grandfather	Maternal Grandmother	Other near Relatives	TOTAL
MALE.	7	7	3	4	3	2	5	9	—	—	2	—	3	45
FEMALE.	3	13	9	11	4	4	2	3	1	1	1	2	2	56

First, we have confirmed the fact that the taint is spread more evenly by the male ; that insanity appears about evenly among males and females, if the male parent be in fault, but that on the female side the tendency is stronger among the female offspring.

Among the men we have two interesting cases associated with puerperal insanity ; in one, the patient's mother had one attack of puerperal mania, and our patient became insane at the age of 35 ; another patient's mother had puerperal insanity, and the offspring of that pregnancy became insane ; she next had insanity during pregnancy, and that child became our patient in his first attack of mania.

We have several cases in which persons of the same family have suffered from the same form of insanity. We have one case of a youth who shot himself, not fatally, and his sister was also intensely suicidal.

In one case a son's suicide caused suicidal insanity, which passed into mania, in his mother. This patient had suffered from other previous attacks, and what made her case the more singular, was that her husband had committed suicide also.

In four of our male cases we have taken death in a parent after paralysis as a neurosis. This of course is not always true, but in these cases there was other evidence; thus in one case, a father died insane, and a brother had hemiplegia.

No point is of greater importance than where to draw the line of inheritance of neurosis. In medico-legal questions, every evidence of family oddness or depression is sought to substantiate the plea of insanity.

To our minds the only clear evidence is where two or more of a family suffer distinctly from some nervous trouble.

We subjoin some of the cases in which more than one member of a family suffered.

In considering heredity also, we must take as of far greater importance nervous trouble, even though slight, if occurring on both sides, than graver troubles if manifest in one branch.

One patient, aged 58, suffering from a first attack of mania, had a father who was insane, a brother paralysed, and he had a child who had died of head symptoms with a squint.

Another, aged 17, an excitable suicidal foreigner, had the following relations insane: a maternal grandfather, his mother and sister, his father was a dement, his sister was suicidal. The case made but little improvement, the patient being lazy, dogged, and self-indulgent, of fair mental ability,



but of horrid disposition and violent temper. He was controllable in Bethlem, but could not be trusted at home.

One patient who had had one previous attack, had a sister who was in Bethlem for active melancholia, following profuse hæmaturia, and one maternal aunt was a melancholiac, and his mother was weak minded. This patient suffered from most violent fits of acute mania.

The next is rather the converse of [the above, for the patient's mother and two aunts had suffered from mania, and he was admitted suffering from melancholia. He was discharged uncured.

One old patient was admitted at 65, suffering from mania, with senile weakening, and we shall have to consider several cases of this kind which have been admitted during the year. This man's mother and brother were both insane, and though after his detention in Hospital for a few weeks, we could hardly satisfy ourselves directly of any active mania, yet his family history and the knowledge of the nature of his attack, with also a gradually increasing paraplegia, led one to give the worst prognosis.

One man had his mother, sister, and daughter insane, and another his mother and brother.

Among the women, we shall see many similar histories, and we think they are noteworthy.

One woman had both a maternal uncle and aunt insane, suffering from melancholia, similar in character to her own.

One patient had a sister an idiot. Last year we recorded a case of acute mania, whose son was an idiot; this was the eldest son, and does not quite bear out the idea that the later children are more likely to suffer.

That children begotten of aged parents are often weak, both mentally and physically, is not only reasonable, but we find to be a fact, and we have cases this year in which the age of the parents seemed the chief factor in the degeneration.

One case of melancholia had a brother who had suffered from melancholia, and a sister from melancholia following child-birth.

One of the most tainted of cases was that of a partly demented girl, who after some months, got well enough to go home. She had a maternal grandmother, maternal uncle insane, and her mother odd to an extreme degree.

Another, suffering from profound melancholy, had an insane maternal grandfather and three maternal uncles, so the taint was distinctly traceable through three generations.

Another patient who had had many brief acute attacks, was admitted for the eleventh time into Bethlem, and discharged again cured in a few weeks. She was over 60 years



of age. Her brother and sister, and paternal uncle had suffered from forms of melancholy. She was always maniacal.

One suffering, now incurably, from chronic mania of rather a depressed type, had a sister who suffered from acute mania, and an uncle from melancholia, who had recovered 30 years ago, and kept well.

A patient we discharged improved, was admitted suffering from mania, due in part to drink; she had both mother and a brother insane. Another depressed case had a sister and sister's child insane.

One patient, who has been twice in Bethlem, had a sister who suffered from insanity, and a brother and sister had epileptic fits. One melancholic girl had an insane father and sister. Proofs are not wanted now-a-days to show the heredity of insanity, but carefully collected facts are always worthy of record, and may aid as bricks to the builders of mental science.

We will add a few particulars of the heredity of the form of insanity.

In one, the patient's mother had an attack of mania, followed by depression, and the daughter had at the climacteric her first attack, which was similar. In one, the mother was eccentric and depressed, and the daughter suffered from religious melancholy, and was suicidal.

The mother of one patient had puerperal mania after her first child, and the daughter suffers from profound melancholy.

One patient became melancholy after rheumatic fever, and her brother became insane after a sunstroke in India.

One woman suffered from melancholia, probably associated with the climacteric, and her sister had melancholia after child-birth.

One woman had puerperal insanity of unknown form, and three of her sons and one grand-daughter suffered from melancholia.

One girl had delusional insanity, and her uncle, whose house she kept, had a similar form of insanity, and each supported the others delusions.

One woman, suffering from delusions and hallucinations, had an aunt a confirmed dipsomaniac.

One woman, who had attempted suicide by throwing herself from a window, had a brother also suicidally inclined.

One very interesting case of puerperal mania was the daughter of a woman who had had puerperal mania also.

In one case of acute primary dementia, the mother had suffered from a short acute attack of mania.

Grief caused melancholy in a woman whose brother became insane from drink.

One woman, suffering from chronic mania, has a sister also suffering similarly.

We have several cases in which near relatives had been for years martyrs to obstinate neuralgia.

In one case we had a strange collection of evidencies of degeneracy; the patient's mother was insane, her father and sister died of phthisis, five of her children died in childhood of "wasting." The patient had had rheumatic fever, and had taken to drink: she was suffering from acute mania, and is at present well.

One patient, suffering from partial dementia, was begotten soon after her father had an attack of mania, following an attack of cholera. He has been quite well ever since his first recovery 20 years ago.

In one case a sister's suicide produced such a deep shock, that the patient became melancholy and died, having refused food for many days before admission.

Having now briefly considered some of the most interesting cases of inherited taint, we shall examine into some of the causes.

We shall have hereafter to consider specially some of the causes; thus we shall see the frequency of moral causes in bringing about general paralysis, and the frequency of physical causes as factors in puerperal insanity.



First, we shall notice the cases in which phthisis has been present in immediate relations,—not wishing to give this as proved cause, but to call more general attention to the subject.

The following table shows the number of patients who had lost near relations from phthisis :—

	Father	Mother	Sister	Brother	Several near Relations	TOTAL.
MALE ..	4	2	3	4	6	19
FEMALE ..	5	1	10	13	3	32

This does not include the whole of the relations of patients who died of the disease, for in many cases one patient had lost both a parent and brothers and sisters.

Although we cannot say we believe in any special form of insanity as related to rheumatic fever, we shall give the cases that, during the past year, have been found to have suffered from one or more attacks, also showing the form of insanity.

#### MALES.

1 P	Rheumatic fever	Once	Partial dementia.
2 D	„	Three times	Melancholia.
3 N	„	Once	General paralysis.
4 B	„	and Chorea	Acute mania.

#### FEMALES.

5 C	„	Once	Acute mania.
6 S	„	Two attacks	Melancholia.
7 A	„	Once	Acute mania.
8 B	„	Several	Melancholia.
9 B	„	One attack	„
10 C	„	„	Acute mania, puerperal
11 B	„	„	Melancholia.



FEMALES—*continued*.

12 F	Rheumatic fever.	One attack	Acute mania.
13 Y	„	Several	Partial dementia.
14 H	„	One attack	Acute mania.
15 B	„	„	Melancholia.
16 W	„	Several	Acute mania.

The hearts were examined in all these cases, and pulse tracings taken, but in only two was there any reason to suspect valvular disease.

No special form of insanity was associated with this disease. We had several cases admitted immediately after attacks; and have had two during the year in which there were acute attacks while in the Hospital. The character of the mental disease of those brought in immediately after an attack, was generally that of depression or partial dementia, and the patients were in a very weak physical condition. Attacks of rheumatic fever in no way altered the course of the mental disease.

In one case chorea had followed the rheumatic fever, and a peculiar rhyming mania followed, in which the patient seemed to jerk out his ideas; on recovery he had no recollection of his verses.

We had one case that had had chorea before admission, and one case with left hemi-chorea on admission, not associated with rheumatism at all. This latter case, however, looks more as if it were due to some local brain mischief, for she had fits as a child, which affected one foot and hand.

During the year we have had several opportunities of watching the effects of scarlet fever, both as a cause of insanity, and in its other relationship to mental disease.

One man was admitted nine days after the onset of the fever, in a maniacal condition; we then had no history of the fever, and he was placed among the other patients. He was at first suspicious, fancying people were intriguing with his wife; at other times refusing food for fear of poison. At this time it was difficult to secure his urine, but what was obtained was highly albuminous, and full of casts. After seven days, another patient, a general paralytic, showed signs of scarlet fever, and the two were at once placed in the infirmary, under sole care of an attendant and his wife. The original case peeled freely, but his legs became very much swollen, and his urine continued albuminous. His pulse tracing showed very high tension. For a month he was kept apart, but at the end of this time all danger of further infection being over, and his conduct being excessively violent, he was put in an ordinary padded room, where the enforced warmth and less irritation made a marked improvement in his general health. He rapidly lost his dropsy, and became at the same time less suspicious. He rapidly convalesced, and was discharged mentally well, after less than three months in Bethlem. Unfortunately he still has albuminuria. His pulse tracing is, however, much less tense than formerly.

The general paralytic who caught the disease, was in the quiet, stout, demented stage of paralysis, all excitement and grandiose ideas having passed away, and he slept almost constantly except when eating, for five weeks. His tempera-

ture rose, and the rash and throat became affected, but he made no sign. We kept a careful recorded examination of his daily urine, and could not discover at any time a trace of albumen or casts. After recovery from the fever he has seemed to gain flesh more rapidly than before. We cannot say he is more weak minded than before.

Among our female patients we have had two cases; one in which the rash showed itself within 24 hours of admission, and the patient being only loquacious and not dangerous or suicidal, was transferred to a fever hospital, where she remained about six weeks, and was re-admitted. It should be said that the cause of her mental malady was said to be shame at the birth of an illegitimate child. On re-admission, we could discover no albuminuria, though her face was puffy, and her pulse tracing unduly tense. She was quiet and subdued in manner, but with a peculiar erotic manner. She fancied she should have to pay for her food, and having no money, refused for some days to eat. She is slowly gaining strength.

The last case we had was a woman recovering from puerperal melancholia; she had had several previous attacks. She went home for two days, and seven days after her return exhibited a full scarlatinal rash. She was placed in an infirmary, and specially attended, as she was suicidal. She was again as depressed as on admission. The fever passed through its usual course till she desquamated. The skin peeled twice completely, and at the same time she had two abscesses form in the axillæ, which burst. There was no mental change at the end of six weeks, and as she attempted suicide she was



again placed in a general ward, where she is still in a depressed state.

One other case of acute mania following immediately on scarlet fever was seen by us at the Fever Hospital, Islington, in which the symptoms of jealousy and suspicion were exactly like our first case.

Among other acute diseases associated with insanity, we had one of ague, and one of acute peritonitis. In the latter, the chief cause was exhaustion, and as the patient recovered strength he lost his mania: in the first, quinine cured the ague, but left the chronic mania unaffected.

The next general condition we shall consider is drink. Comparatively few of our cases can be said to owe their insanity to excess in stimulants, but each year we have cases that have drunk to excess at some period of their lives for some time, and we collect together all cases where there is evidence of true drunkenness of some months at least. We shall tabulate the cases as they came before us, specifying the nature of the insanity.

Drink, as associated with insanity in male patients:—

1.	Single	32	Delusional insanity	Uncured
2.	Married	30	Drank in India.—Suspicious, suicidal, melancholy	„
3.	„	38	Delusional, suspicious, suicidal	„
4.	Single	27	At first acutely maniacal, then weak minded	„
5.	Married	34	At first suicidal, then maniacal, with exalted ideas	Cured

Drink as associated with insanity, &c.—*continued.*

6.	Married	37	General paralysis, exalted at first, now morose	Uncured
7.	„	35	Melancholic	Cured
8.	„	40	General paralysis, exalted, then demented	Uncured
9.	Widower	42	General paralysis, happy, then demented, fits	„
10.	Married	39	General paralysis, depressed, fits	„
11.	„	38	„ „ happy and weak minded	„
12.	„	40	General paralysis, exalted ideas	„
13.	Single	33	Melancholia, sudden cure	
14.	Married	55	Acute mania, exalted	Questionably curable

Among the females we have fewer cases of drink, as might be expected.

Drink, as associated with insanity in female patients:—

1.	Married	39	No heredity. Delusional insanity, sleepless, indolent	Uncured
2.	„	52	No heredity. Acute mania	(?) Cured
3.	„	58	Mother and brother insane. Acute mania, suspicious	(?) „
4.	„	28	No heredity. Acute mania, (?) delirium	Cured
5.	„	47	Mother insane. Acute mania, reli- gious fervor	(?) Cured
6.	Single	36	Acute mania	Cured

Among men, drink, especially long continued soaking, produces states of nervous exhaustion, general paralysis, and various chronic forms of mental weakness that are all but incurable. Occasionally we get cases earlier, and these may be discharged cured of the mental disease, but very rarely of the craving.



It will be seen that the age at which our male cases have broken down is generally between 30 and 40 years. A very common form of delusion was suspicion.

Drink is, in our experience, more often sought by women about the climacteric than at any other period.

We had during last year several young cases, but in these drink was sought to relieve some active pain and misery, and the habit continued.

Unfortunately such cases are among the most hopeless, for though controllable in an asylum, they almost always relapse on their release. We are rather of the opinion that asylum treatment is good in such cases, for though they are under strict discipline, they are not debarred the use of a moderate amount of stimulants, which cannot be exceeded, and thus they are forced to be moderate. Nothing so urges a man's longings as total abstinence. The celibate monk's demon was a woman, and an abstinent drunkard's is a dram.

In Table 17 will be seen the general causes, as tabulated from the petitions; these—as all asylum physicians know—are not to be trusted absolutely. The particulars given above have been carefully collected from the nearest friends of the patient after admission. We shall only refer to the often noted fact that among men the chief assigned causes of insanity are, money troubles, overwork, and drink, more real and physical evils than those required to upset the balance of a woman's mind.

We have one case of mania due to exhaustion, following typhoid fever. Such cases have often been recorded: we only add this as one more fact. Two of our patients were supposed to have suffered from excessive railway travelling, and seeing that one had been a railway letter sorter, travelling for some 18 years, mostly all night, rapidly sorting letters, small wonder that he became insane: the other was a commercial traveller, but other causes may have operated in his case.

The question of syphilis in our cases has been carefully looked for, and we have had one or two cases in which, without any direct history, we have been obliged to own that there was strong evidences for syphilis having something to do with the disease.

These cases will be recorded elsewhere. Here, all we can say is, that at present we believe that syphilis may produce insanity secondarily to a gumma, or may, by producing a cachexia, cause mal-nutrition of the brain, and either produce an unstable nervous condition, or hinder recovery. Besides this, probably syphilis may cause alterations in the cerebral vessels, thus interfering with brain nutrition also.

Among our female patients, we have to notice the number of moral causes producing insanity, in all varieties, except that associated with child-birth, in which class the physical causes predominate.

We have had one case of insanity associated with a large fibroid tumour of the uterus; in this case the patient fancied she had been changed at birth.

We have had one case associated with epithelioma of cervix uteri, and very many with amenorrhoea.

The only class we shall specially select for examination will be the puerperal cases, which we tabulate.

We append only the cases that have been admitted during the past year. Many others that were admitted last year have been discharged during 1874, but these have been considered by Dr. SAVAGE in the Guy's Hospital Reports already.

As usual most of such cases have been cured.

The hereditary taint was only found in one case, and in that a similar attack had occurred in the mother.

There was no special form of insanity to be noticed ; we met with mania, melancholia, and acute dementia. In case 3 we had hallucinations of smell. Many of our cases, especially 8 and 14, were most intensely suicidal.

The symptoms came on during labor in case 2, and were periodical with the pains, and subsided into a quiet, silent melancholy, which lasted 12 months.

In one case there was instrumental delivery.

In three there was, in addition, inflammation of the breasts, and in about as many sudden cessation of the milk flow.

In three cases the symptoms came on during pregnancy (10, 12, and 13), one in second, one third, and one seventh



month ; in the last, delivery was accompanied by a return to sanity for about five hours, and then a relapse occurred.

In two cases (5 and 16), there was suspicion of blood poisoning ; profuse sweating, and a rash, with loss of milk in case 5, and symmetrical abscesses and loss of milk in case 16. Scarlet fever followed one delivery, but left no other lesion than weakness.

In two cases the children were illegitimate, and grief was supposed to be a cause, as these patients were foreign governesses, without relations in England.

Seven out of the 18 cases are still under treatment, but we are almost sure of curing all but two, and may even succeed in these.

No. 14 has not altered in any way since admission, and is therefore an anxious case ; and No. 18 is rather weak minded. We are more convinced than ever that puerperal cases should be borne long with before they are discharged uncured. This year we had one lady who was discharged cured after two years' residence in Bethlem. She had recovered for a day or two, or even a week at a time, on several occasions, and then suddenly fell back into her state of dementia. Galvanism, shower baths, and tonics of various kinds seemed to relieve for a time, and then fail. She was constantly roused, and not left to sink into a neglected condition, and finally rewarded us by getting quite well.

One other remark, and that is, that we find our puerperal cases pass more rapidly from the early stage of mania to one of dementia or melancholy than other cases ; this may be due to the weak physical state of many of them.

In nine cases the climacteric had some influence in producing the insanity. In most of these cases there was depression, and they took longer to cure than most of the acute melancholias.

No.	Age.	No. of Attack.	No of Children.	Time after Delivery of Onset.	Form of Insanity.	Result in Time.		Remarks and Hereditary Taint.
1	33	1	6	5 days	Mania	Cure	3 months	Brother died of phthisis
2	35	1	6	at once	Melancholia	„	12 months	First symptoms with labor
3	32	1	5	5 weeks	Mania, followed by melancholia	„	10 months	Nine brothers died young. Cause of illness, fright. Hallucinations of smell.
4	26	1	3	4 days	Mania	„	5 months	Most violent at night
5	21	1	1	6 days	Acute dementia	Improving	8 months	Question of puerperal pyæmia
6	27	1	1	14 days	Mania	Cure	8 months	Mother had puerperal mania
7	21	1	4	1 month	„	„	5 months	Second attack. 1st, puerperal mania, 1870
8	36	2	7	3 months	„ then melancholia	Slowly improving		First attack, puerperal, with 5th child; instrumental delivery
9	37	1	2	8 days	Mania	Cure	5 months	Grief as cause
10	24	1	1	before	Melancholia	„	5 months	First symptoms at 7th month of pregnancy
11	33	2	4	14 days	„	„	2 months	Very weak on admission; rapid cure
12	38	3	5	(?)	Mania	„	6 weeks	Three months after miscarriage, and 2nd month of pregnancy
13	24	1	3	before	„	„	4 months	Third month of pregnancy
14	30	1	4	at once	„ then melancholia	At present in hospital		————
15	23	1	1	3 weeks	Mania	Convalescing		Change of manner with onset of pregnancy; bad breasts
16	30	1	2	8 days	„	„		Abscesses in legs; cessation of milk
17	28	1	1	2 weeks	„	„		Illegitimate
18	23	1	1	(?)	„	No great improvement in 3	improved in 3 months	Illegitimate, and scarlet fever



## GENERAL PARALYTIC CASES.

No.	Age.	Married or Single.	Temperate.	Exaltation.	Duration before Admission.	Cause.	Hereditary taint.	Result.
1	50	M.	Yes	No	6 months in all	Overwork	No	Death.
2	37	S	"	Yes	14 days	Anxiety	"	Relieved; very bilious.
3	45	M.	(?)	"	2 months	Disappointment	"	Dementia.
4	45	S.	(?)	"	1 week	"	"	"
5	33	S.	Yes	"	2 months	(?)	"	Old caries of ear. dementia
6	38	M.	"	"	1 month	(?)	"	Hereditary phthisis.
7	37	M.	(?)	"	1 week	Overwork	"	"
8	40	M.	(?)	"	9 months	Anxiety	Maternal uncle	"
9	41	M.	(?)	"	1 month	Overstudy	No	"
10	42	M.	(?)	"	6 days	Railway travelling	"	Dementia, with fits.
11	47	M.	Yes	No	6 weeks	Money losses	"	Died.
12	39	M.	"	"	6 days	(?)	"	Died.
13	52	M.	"	Yes	1 month	(?)	"	Died, 2 months.
14	53	M.	"	"	2 weeks	Business	"	Dementia.
15	39	M.	(?)	"	1 month	(?)	"	Dementia, fits
16	38	M.	No	No	8 months	Fall on head	Mother & aunt	Dementia.
17	38	M.	Yes	Slight	1 month	Money	No	Lost his teeth; fits.
18	30	S.	"	Yes	3 weeks	Overwork	Mother	Excited.
19	31	M.	"	No	6 months	(?)	No	Sexual excess.
20	34	M.	"	"	5 weeks	Overwork	"	Suspicious.
21	44	M.	"	Slight	3 months	Money losses	Father	Relieved.
22	42	M.	"	Yes	14 days	Overwork	No	Rheumatic fever; relieved
23	57	Widower	"	"	14 days	"	"	Relieved.
24	60	S.	"	"	2 months	(?)	"	"
25	40	M.	(?)	"	11 months	Money losses	"	"

Having considered the chief points of interest in the heredity and causes, we shall proceed to examine a few groups of cases, and then a few cases of special interest, separately.

During the year we have had 25 admissions on the male side of general paralytics; on the female side, not one distinct case.

We have discharged only one as cured, and he kept well for only a few months, and then returned in a weaker state, both mentally and bodily. We shall give the results of our examination of these patients in some detail, as well as in Table 5.

The ages of the patients will be seen to be as follows:—

From 30 to 40 years	..	..	11 patients.
„ 40 to 50	„	..	9 „
„ 50 to 60	„	..	5 „

The age of general paralysis is chiefly about 40 years of age.

Of our patients 5 were single and 20 married, and we noticed a similar circumstance last year, that more married persons suffer than single.

The question of the relationship of drink to general paralysis is important; we find it but rarely in our cases; but as these are few and selected, to a certain extent, too much stress must not be laid on this. Some cases of general paralysis seem to be due to a general fibroid degeneration, not

unlike cirrhosis of the lungs and liver. Two of our cases were distinctly intemperate, and of 6 others we have a doubtful history—some of these latter had drunk at an earlier period of life, but had been temperate of late. A few others, one especially, who was also taken before the magistrates for theft, had become intemperate only as part of the disease. Two of our cases were so called kleptomaniacs. In four there was no history of exalted ideas at any time. Loss of memory and weak mindedness coming on early as the first symptoms. In two cases there was only slight exaltation, exemplified by saying they were “all right.”

The duration of the disease is given in the table as the duration of the malady before admission, except in the case in which the patient died within 6 months of the earliest symptoms.

In nearly all cases where causes were given, they were mental or moral rather than physical. In one only was injury given as a cause.

Sexual excess was the cause attributed by two patients themselves.

The inherited tendency is seen to be in our cases small, only four having insane relatives, and of these two only, having a parent affected. This again bears out our former experience, and makes us consider whether as so many of these cases have clean histories it will not have to be considered as more just to treat general paralytics apart from the ordinary madhouse, as the taint of inherited madness blights



many families, who really have only lost a parent from mental over-work, and so-called softening. Pulse tracings were taken in all these cases, and in most on several occasions, but little is taught us specially by this method of examination. We find in most cases a prematurely aged pulse, a pulse due to degenerate vessels. The tracings that have been already printed as characteristic of general paralysis seem to us to be altogether faulty. We have met with almost every variety of pulse in general paralytics; from the pulse of high tension, like that of BRIGHT'S disease, to the slow, all but monochrotic pulse as figured by Dr. THOMPSON. There probably is some general systemic condition in general paralysis, but at present we do not know what it is, and we cannot support the idea that there is vascular spasm as an essential part of it. As in the pulse, we find as many varieties as in health, so in the appearance of the optic disc we find no regular series of changes. In some the disc is pale, in others the vessels are unduly numerous and tortuous. In several cases we met with posterior staphylomata.

We noticed that vision did not seem to be afflicted till late in the disease as a rule, but it becomes difficult to say how much patients see when they become demented.

We subjoin the state of the pupils as far as noted :—

- |   |                            |            |
|---|----------------------------|------------|
| 1. Both small. Right most contracted.   | Dementia after exaltation. | 2nd stage. |
| 2. „ „ Reacting slowly.                 |                            | „          |
| 3. Right contracted, not reacting well. | Exalted ideas.             | 1st „      |
| 4. Larger, but fixed. Left reacting.    | „ „                        | 1st „      |
| 5. Both dilated. Right most sluggish.   | Dementia after exaltation. | 2nd        |



## State of the pupils, &amp;c.—

6. Both small and indolent.	Melancholy.	3rd stage.
7. „ „ „	Exalted.	1st „
8. Right smaller. Both small and indolent.	Dementia, slight exaltation.	2nd „
9. Dilated, contracting normally.	Dementia, no exaltation.	2nd „
10. Right smaller. Both small and indolent.	„ slight exaltation.	3rd „
11. „ larger. Contracting. Left sluggish.	Exalted. (Chronic.)	2nd „
12. „ larger.	Exalted.	1st „
13. Equal, normal and reacting. Tremor.	No exaltation.	1st „
14. Both dilated. Left larger and more active.	Dementia after exaltation.	2nd „
15. „ very small, equal.	Memory going, no grandeur.	1st „
16. Right larger and more active. Left sluggish.	Memory going, no grandeur.	1st „

We had two cases in which the eyeballs were unduly prominent, without any thyroid enlargement.

We noticed, too, the fact that in several cases the pupils were eccentric and their margins irregular.

We tested the muscles of the general paralytics and found that in the early stages there is no special peculiarity, but, as the cases advance, a much larger number of cells is required to cause muscular reaction, some bearing 50 cells without their muscles moving, or without giving any evidences of pain.

The muscles are well nourished for some time, and we have been rather struck with the masculinity of our general paralytics.

During the year we have had many cases that have had fits of one kind or another : some the ordinary epileptiform fit, so common in general paralysis, others being only the slight convulsive seizure, followed by temporary paralysis.

In one case these congestive attacks were always followed by periods of excitement of shorter or longer duration.

In this case the urine was collected during and after the fits, and exhibited no trace of albumen.

We found the urine of general paralytics extremely variable, the specific gravity varying from 1012° to 1040°, general excess of urea and decrease of phosphates and chlorides.

Another class of considerable clinical interest is that in which the patients fancy there is some obstruction of the bowels, and that therefore they must not take food ; we consider that in most of such cases the patients merely describe accurately feelings felt by them unlike any ordinary feelings.

We have to notice that four of our patients having these delusions were men with unusually large abdomens ; the woman who suffered similarly was also stout on admission. Three others, two of them men, on the other hand, had retracted concave bellies.

We subjoin particulars of these cases.

It will be noticed that most of the cases had passed middle life, the two younger belonging to the second class, and

having a special set of symptoms. These latter fancied that something had given way in their insides, and that thus they could not eat. The constant repetition of such statements by our patients shows us that there are derived sensations that we have no conception of.

Any distinct diseases of such organs as the stomach or liver seem associated with depression, and during the year we have had other cases in which there were evidences of abdominal disease, associated with melancholy and constant fear of death.

Cases that fancied there was obstruction of their bowels and refused food :—

1.	N.	49.	Widower.	2nd attack.	1st, 17 years ago, similar.
2.	D.	59.	M.	1st „	Sister and daughter insane. Has had rheumatic fever 3 times.
3.	S.	63.	M.	3rd „	All similar. Cured 4 months.
4.	K.	53.	M.	1st „	Muscular tremor.
5.	L.	57.	M.	2nd „	1st similar.
6.	M.	19.	S.	2nd „	1st similar, followed small pox. Re- tracted abdomen.
7.	W.	49.	M.	1st „	Grandfather depressed similarly. Re- tracted abdomen. Died.
8.	E.	32.	S.	1st „	Refused food. Cancer of pylorus, &c. Retracted abdomen. Died.

The last case (8. E.) was of great interest; the patient was only a few weeks in the hospital. She had refused food for some time; after admission she took food freely, and for a day or so retained it. She then vomited both fluid and solid of whatever kinds given. Enemata sustained her for a time. One peculiarity of this case was the unbearable fœtor exhaled from her at times before death, there being no dis-



charge to account for it. After death we found cancer of the pyloric end of the stomach, and also cancer of ileum and mesenteric glands.

During the past year we found in a case of deep melancholy an enormous gall stone that filled the whole gall bladder, and was causing ulceration into the duodenum.

The subject just considered leads naturally to artificial feeding, and again we must confess to having had cases that we could not induce to take their food, and who could not be fed by spoon, we accepted the fact and fed by the stomach tube ; we have only used the pump a few times, finding a funnel at the end of the stomach-pump tube to answer every purpose. Only two cases required continuous feeding, and both these refused food from religious scruples. A girl, who is sinking from consumption, because she believed herself too wicked to live ; and the other, a boy whose illness was the result of shock, because he said man should not live by bread alone. This latter after admission lost weight till he was only six and a-half stone ; within two months he gained nearly two stone.

Many other cases had to be fed once or twice by the tube, and then gave up their opposition, and in most cases began to improve.

During the year many spinal cords have been examined of cases of general paralysis who died in other asylums, and we found in nearly all great excess of fibroid tissue, and in many corpora amylacea and colloid degeneration.



In several the cords were much wasted and were hardened with considerable difficulty. The central canal was in all cases filled with granular matter.

We have had several cases of interest in which old age was one at least of the causes of insanity, and we would remark on the age of one patient who was discharged cured (Case 3). It must be remembered that a first attack of insanity coming on late in life, say after 60, is not often cured, but if the patient has had several short and sharp attacks before, the hope of cure is much greater.

We have been struck, too, by the violence of these senile cases: it is generally considered that when an old person is suffering from senile decay that he is almost sure to be merely weak-minded and forgetful, but we have during 1874 had several cases of great violence and excitement in the aged.

We append a list of such cases.

There have been one or two other old cases in which weak-mindedness has been the chief symptom, and two in which there was melancholy.

#### SENILE CASES.

1.	C.	Married.	66.	Violent.	Acute mania (?), two epileptic fits.
2.	M.	„	61.	„	Assaulted his wife. Incipient paraplegia.
3.	B.	„	61.	„	Acute mania. 11 attacks. Cured.
4.	L.	„	65.	„	Actively melancholy. Maniacal in turns. 3rd attack. Cured.
5.	H.	„	68.	„	Dangerous to others. Sinking with bronchitis.
6.	W.	Widow.	65.	„	Quarrelsome. 1st attack. Cured.
7.	C.	„	64.	Noisy.	Rambling talk, untidy. Excited, exalted ideas.

The next cases we shall consider are those that have been re-admitted during 1874 ; such cases as have been discharged cured but have relapsed. We shall have to notice that there are several kinds of such cases among the male patients. It is not uncommon to get cases that we suspect of early general paralysis : these may rapidly improve under treatment, and be discharged apparently well, to be again brought before us after a year or so in a much more declared stage of general paralysis.

Such is Case 3 of our table.

On the female side, we more often get such cases recurring as are associated with menstrual irregularity or child-birth.

One attack of puerperal insanity predisposes greatly to others, although, in many cases, second and later attacks resemble in their form the first, this is not invariably the case.

#### CASES RE-ADMITTED DURING 1874.

##### MALES.

###### Age.

1. 48. Married. Acute mania. Hered. taint. Several similar attacks, 1st at 24.  
years.
2. 27. Single. „ „ One „ „ at 25 years.
3. 27. „ General No  
paralysis. Hered. taint. One „ „ 1873.
4. 63. Married. Delusional. „ Several exactly similar since he  
was 54.

##### FEMALES.

5. 33. Single. Hered. taint. Melancholia. 1st attack, 1862, acute dementia,  
cured in 9 months.  
2nd attack, 1874, acute melan-  
cholia, cured in 7 months.

Cases Re-Admitted, &c.—*continued.*

6.	47.	Widow.	Hered. taint.	Acute mania.	1st attack, 1850, similar. 2nd „ similar.
7.	61.	Married.	„	„	1st attack, 1845, similar. Many attacks.
8.	55.	Single.	„	Melancholia.	1st in 1865, cured in 10 months. 3 similar attacks, 4th cured in 9 months.
9.	23.	„	„	Acute mania.	1st, January, 1874, similar in all respects. 2nd, November, 1874.
10.	20.	„	„	„	1st, Oct., 1873, cured 5 months. 2nd, „ 1874.
11.	58.	„	No hered. taint.	Melancholia.	1st, Oct., 1869, cured in end of 1873. Relapse, October, 1874.
12.	65.	Married.	„	„	1st, grief and puerperal. 2nd and 3rd, religious depression.
13.	25.	Single.	„	Acute mania.	1st, similar.
14.	23	„	„	„	2 similar within 4 years. Hysterical paralysis.
15.	23.	„	„	Melancholia.	1st, similar, 1873.
16.	51.	„	„	Delusional.	1st, similar, 1869, took 15 months to cure.
17.	39.	Married.	„	Melancholia.	1st, melancholia also.
18.	51.	„	„	Acute mania.	1st attack, similar, 1870, 6 months to cure.
19.	36.	„	„	Melancholia.	1st, similar, puerperal.
20.	28.	„	„	Acute mania.	1st, „ „
21.	37.	„	„	„	1st, „ „

It is not necessary to spend much time in the discussion of this table.

Case 1 is one in a man with family taint, he has been under treatment several times. He becomes very violent and



abusive, suspicious, fancying his wife is guilty of adultery with the other patients, the period of excitement passes off, and he becomes quiet, well behaved, and industrious. His previous attacks have been very similar, and he is discharged cured within a year. In each attack he has had several relapses in the Hospital, so that really his whole period of sanity is much divided by attacks of more or less severe mania.

Case 2 is also an unsatisfactory one, for though discharged cured, he has never been able to follow any higher employment than a manual one, though his position and education should have fitted him for something better. The first attack was associated with grandeur of ideas and affectation of manner, and these also were prominent in his second attack. At present he is as well as we shall get him. He is indolent and self-satisfied.

We are often accused of considering as insanity things that are too trifling, as for instance bad temper, but those who have lived with the insane know the complete change wrought by a mania or melancholia, and it is not safe to consider a patient as cured as long as the change of temper is marked. In many cases we have to be contented with only a partial cure, but we must not deceive ourselves by thinking the patient quite restored. We have already noticed Case 3 in speaking of temporary cases of general paralysis.

Case 4 was of interest as occurring for the first time after middle life. We have already referred to persons of similar habit of body suffering from similar delusional insanity. This man was remarkable from the large size of



his abdomen, and he fancied he had no esophagus, and that there was no passage through his bowels. He had had several similar attacks, in all of which he had the same delusions, and he recovered from all rapidly after he came under the regular diet and habits of Bethlem.

We have not space sufficient to go into each of the cases, but may summarize the facts. There is nothing special about the ages or married relations of our patients to note, except that three (19, 20, and 21) suffered from puerperal insanity in each attack. In those cases in which there was some difference in the symptoms these nearly always belonged to the same form of insanity.

A woman who was jealous of and angry with her husband in her first attack was so in her subsequent ones, as was seen in case 18. In several cases we had similar or identical delusions producing similar melancholy, and, as a rule, if the first attack was one of active melancholy, the second would be active also, whereas if the first were associated with stupor, the second might also be with stupor or there might be acute dementia. These statements refer only to puerperal cases.

Several cases at each attack were admitted in an excited condition, and passed rapidly into a state of stupor or placidity (thus cases 12 and 23). Case 14 was of great interest, as the girl had been under treatment for hysterical paraplegia before her admission here. Her latter attacks were of the most emotional character; her insanity from first to last was emotional. A similarly emotional case was 13.

In looking over a large series of relapses, one is struck, first by the similarity of the attacks, and next by the number of times that some patients relapse, and yet get well time after time; these are not the patients who seem to suffer intellectually from the attacks; they take an attack of mania as we take a cold.

Other cases seem to be so nicely balanced, that each critical period, or each extraordinary circumstance of their lives is associated with some mental breakdown. We have cases that have first been in the Hospital about the onset of menstruation, next after the first child, they may then pass over several deliveries, and only again succumb after lactation, &c. A severe shock or grief (as in case 12) may produce a similar effect. After getting over so many dangers the climacteric may act as a crisis leaving the patient a dement or in sanity, though not free from other attacks.

As to recovery, many of these relapsing cases go through similar stages after each attack, there being, however, a tendency for each attack to be more prolonged, and a greater facility for future relapses being left.

It now only remains for us to consider some of the more interesting circumstances about those of our patients that died.

Reference can be made to Table 19.

We had in all 13 deaths on the male side, and of these five died within two months of admission.

One from exhaustion following acute mania; we have seen several such cases, and in all that have been carefully examined, we found signs of inflammation of the brain and membranes. We found the membranes glued to the cortex, and many inflammatory cells along the parivascular sheaths.

Four others, who died soon after admission, gave us some trouble as to how to classify them; they died of exhaustion, following acutely melancholy or maniacal symptoms, and yet the loss of power, the thickness of speech, and loss of sensibility, made us rather look upon them as very acute cases of general paralysis. All these cases too suffered from a low form of pneumonia, which was the real cause of death.

We had two cases that died from general paralysis, of about a year's standing; one died from exhaustion and congestion of the lungs, and the other after the first fits which he had.

One other case of general paralysis was of interest, because after being at death's door, he recovered his general health, and lived in all four years in the Hospital, sinking at last from exhaustion. He had a series of fits three years before death, and then had no recurrence of these till within a short time of his death.

One man suffering from delusions that he had "lost his inside," was with difficulty kept alive by feeding for seven or eight months. For two months he lived on lemonade and brandy, with a very little biscuit, and he even vomited some of this. No lesion was found in his abdominal viscera.



Two of our patients on the incurable list died, one after 30 years' residence, the other after 15 years. The former, a Polish prince, at the age of 67, from cancer of his neck, which implicated the left pneumogastric, and caused pneumonia and pericarditis. The other sank from gouty bronchitis, aged 62 years.

On the male side we lost only one patient from consumption, and in him the symptoms of his madness, delusions about being poisoned, varied with his general health ; his mental health being better when his lungs were worse.

Among the female deaths—also 13—we had four cases of consumption ; their ages were 16, 19, 21, 33. Two of these suffered from mania, one from alternating attacks of mania and melancholia ; and one who had been under treatment before, for mania, came in a second time with profound melancholia, and died.

One other patient died of chronic bronchitis.

And we have to notice that we had four cases in which there was intestinal mischief ; in one ulceration of colon and exhausting diarrhoea ; in another, cancer of stomach and mesenteric glands ; in the third, a large gall stone and ulceration of duodenum ; the two latter refused food ; and lastly, an old melancholy incurable case, that was found after death to have died of collapse, due to a small knuckle of intestine being pinched in the femoral ring ; there had been no symptoms to lead us to suspect this.



In the three other cases there was paralysis, in two hemiplegia, with great muscular wasting, and in the third epileptiform fits and partial hemiplegia, due to wasting of the left corpus striatum.

This is hardly the place to enlarge on the post-mortem appearances, and we will only add our conviction that in many cases of insanity not only must we consider the brain as the proximate cause of the symptoms, but also acknowledge that mal-nutrition or irritation from other organs may so distract the brain as to produce insanity.

RECEIPT.										Total.	Bethlehem.	Incurables.	
										£ s. d.	£ s. d.	£ s. d.	
1874													
Jan 1													
To RENT, Land Tax, Rent-charges and Insurance, viz.—													
BETHLEHEM—Arrears, 31st December, 1873 .. ..										1,320	3	8	
One Year's Rent, Land Tax, &c. from Mich., 1873 to Mich., 1874 .. ..										11,263	11	3	
										£12,583	14	11	
To RECEIVED, viz.—													
" Bishopsgate Street Without .. ..										230	16	4	
" Piccadilly, Duke Street, and Jermyn Street, &c. .. ..										4,423	9	5	
" Lime Street, Lime Street Square, &c. .. ..										2,320	3	10	
" Fowkes Court, Tower Street .. ..										498	11	10	
" Gardner's Terrace, Mile End .. ..										144	6	8	
" St. George's Fields .. ..										569	16	8	
" Moorgate .. ..										250	10	0	
" Shepherd's Bush .. ..										121	12	0	
" Waltham Cross .. ..										247	18	11	
" Kent .. ..										1,863	7	1	
" Lincolnshire .. ..										339	13	2	
" Rent Charges .. ..										83	2	2	
										£11,093	8	1	
" Property Tax allowed .. ..										118	15	7	
" Arrears of Rent to Mich., 1874, unpaid 31st Dec. 1874 .. ..										1,371	11	3	
										£12,583	14	11	
INCURABLES—Arrears 31st December, 1873.. ..										3,379	15	3	
One Year's Rent of Estate in Lincolnshire to Mich., 1874.. ..										6,766	16	5	
										£10,146	11	8	
To RECEIVED, viz.—													
Wainfleet St. Mary .. ..										£4,927	2	0	
Wainfleet All Saints, Claxby, Mumby, &c. .. ..										1,806	10	9	
										£6,733	12	9	
Property Tax allowed .. ..										18	0	1	
Out Rent .. ..										2	16	0	
Arrears to Mich., 1874, unpaid 31st Dec., 1874 .. ..										3,392	2	10	
										£10,146	11	8	
Tithe Rent-charge, Wainfleet St. Mary—													
One Year to Michaelmas, 1874 .. ..										696	12	6	
To Received Tithe Rent Charge .. ..													
To Dividends on Stock in the Public Funds, viz.—													
£38,000 0 0 3 per Cent. Consols .. ..										1,140	0	0	
17,000 0 0 New 3 per Cent. Stock Half year .. ..										255	0	0	
12,000 0 0 Ditto .. ..										180	0	0	
										435	0	0	
3,000 0 0 Bank Stock .. ..										300	0	0	
9,795 18 4 3 per Cent. Consols (in Chancery) Tax .. ..										£3	1	3	
21,000 0 0 New 2½ per Cent. Stock .. ..										525	0	0	
64,688 14 9 3 per Cent. Consols (in Chancery) Tax .. ..										£20	4	3	
1,000 0 0 3 per Cent. Reduced Annuities, "Wm. Hollins' Gift" .. ..										30	0	0	
42,780 15 0 3 per Cent. Consols (in Chancery) Tax .. ..										£13	7	4	
One year's Interest and part of Principal of £2,000 money advanced on Wainfleet and Firsby Railway Shares .. ..										135	15	2	
										6,047	1	5	
To Casual Receipts, viz.—													
Received for Transfer of Lease .. ..										1	0	0	
" Legacy of Jewer H. Jewer .. ..										50	0	0	
" Property Tax on Stocks to April, 1874 .. ..										57	4	2	
" on Rents, to " 1873 .. ..										173	3	0	
" Donation from Robert C. Faulconer, Esq. .. ..										26	5	0	
										307	12	2	
To Casual Receipts—INCURABLES.													
Received of Government on Account of Criminal Patients .. ..										66	2	0	
" for Sale of Wood at Wainfleet .. ..										2	2	0	
" Sermon at Christ's Hospital .. ..										118	19	4	
" Property Tax on Rents, to April, 1873 .. ..													
" For Sale of £5,000 New 3 per Cent. Stock .. ..													
To Balance .. ..										29,905	16	4	
										987	0	0	
										30,892	16	4	

EXPENDITURE.										Total.	Bethlehem.	Incurables.	
										£ s. d.	£ s. d.	£ s. d.	
1874													
Ledg.													
Folio													
366	By Balance of Account audited to 31st December, 1873 .. ..										1,555	8	3
368	Meat .. ..										2,628	2	5
371	Beer .. ..										11,25	13	5
318	Bread and Flour .. ..										825	11	7
377	Rice, Oatmeal, &c. .. ..										696	13	4
320	Milk .. ..										365	4	8
410	Cheese, Bacon, Butter, &c. .. ..										1,059	1	7
	Tea and Groceries .. ..										832	9	5
370	Clothing and Bedding .. ..										1,498	4	9
411	Soap, Oil, and Candles.. ..										669	19	10
372	Medicine, &c. .. ..										315	1	11
367	Wine, Spirits, &c. .. ..										480	12	2
342	Coals and Firewood .. ..										1,058	14	7
407	Washing .. ..										1,481	2	0
378	Salaries of Officers, Wages of Servants, &c. .. ..												
369	Taxes, &c., on the Hospital .. ..										1,137	6	11
358	Repairs of Buildings, &c. .. ..										2,266	10	1
409	Printing and Stationery .. ..										312	19	5
356	Furniture and Repairs .. ..										2,374	8	2
374	Books, &c. .. ..										76	0	6
412	Incidental Expenses .. ..										£321	16	4
	Amusements, Excursions, &c. .. ..										217	18	7
											539	14	11
373	Superannuation Annuities .. ..												
346	Law Charges .. ..												
413	Deductions from Rental—												
	Premiums of Insurance.. ..										156	16	3
408	Repairs of Houses, &c.. ..										1,254	11	10
											1,411	8	1
	LINCOLNSHIRE.												
404	Salaries, &c., Curate and Agent .. ..										400	0	0
405	School at Wainfleet .. ..										154	10	2
401	Plantations .. ..										55	5	6
397	Sea Bank .. ..										28	13	9
391	Deductions from Rental—												
	Premiums of Insurance, &c. .. ..										34	9	3
402	Casual Expenses .. ..										89	12	4
400	New Buildings and Repairs .. ..										868	3	10
403	Taxes and Rates .. ..										247	13	4
227	Quit Rent .. ..												
											1,878	8	2
											12	6	
	Balance .. ..										30,892	16	4
											23,170	14	3
											7,722	2	1
											123	5	1
	A. M. JEAFFRESON,												
	Receiver, &c.												
	We, whose names are hereunto subscribed, have examined and Audited the preceding Account for the Year One Thousand Eight Hundred and Seventy-four, and find the same correct and the Balance as specified, this Twenty-first day of January, One Thousand Eight Hundred and Seventy-five.												
	JNO. BAGGALLAY, Treasurer.												
	JOHN MILES,												
	GEO. WARE,												
	JOSHUA W. BUTTERWORTH,												
	EDWD. H. FENNELL.												





GENERAL ACCOUNT OF BOTH HOSPITALS, 1874.

BRIDEWELL HOSPITAL—Balance in favor of the Hospital	..	..	..	..	£2,180	4	5
BETHLEHEM HOSPITAL—Balance against the Hospital	..	..	..	..	987	C	0
					£1,193	4	5
Cash at Bankers, Messrs. Glyn & Co.	..	..			£1,193	4	5

INCURABLE FUND.

Debt and Interest 31st December, 1873	..	..	..	..	..	..	£27,465	7	11
One Year's Interest on Debt, at 4 per cent.	..	..	..	..	..	..	695	8	3
							£28,160	16	2
Excess of Receipts over Expenditure	..	..	..	..	..	..	123	5	1
							£28,037	11	1

BRIDEWELL HOSPITAL.

INCOME, 1875.

RENT—Rent-charges and Insurances	..	..	..	..	..	£15,902	13	10	
Deductions	..	..	..	..	..	794	4	1	
									15,108 9 9
DIVIDENDS on Stock in the Public Funds, viz.—									
£48,000 0 0, New 3 per Cent. Stock	..	..	..	..	..	1,410	0	0	
21,063 5 7, 3 per Cent. Consols (in Chancery)	..	..	..	..	..	631	17	10	
3,974 6 2, 3 per Cent. Reduced Annuities (do.)	..	..	..	..	..	119	4	8	
1,086 19 2, „ „ „ „	..	..	..	..	..	32	12	2	
									2,223 14 8
Net Annual Income	..	..	..	..	..	£17,332	4	5	

BETHLEHEM HOSPITAL.

INCOME, 1875.

CURABLES—Rent, Rent-charges, and Insurances	..	..	..	..	£11,260	17	4
INCURABLES—Rent, Rent-charges, and Insurances	..	..	..	..	7,463	10	2
					£18,724	7	6
Deductions	..	..	..	..	191	5	6
						18,533	2 0
DIVIDENDS on Stock in the Public Funds, viz.—							
£38,000 0 0, 3 per Cent. Consols	..	..	..	..	£1,140	0	0
12,000 0 0, New 3 per Cent. Stock	..	..	..	..	360	0	0
3,000 0 0, Bank Stock..	..	..	..	..	300	0	0
21,000 0 0, New 2½ per Cent. Stock	..	..	..	..	525	0	0
64,688 14 9, 3 per Cent. Consols (in Chancery)	..	..	..	..	1,940	13	2
9,795 18 4, 3 per Cent. Consols	„	..	..	..	293	17	6
42,780 15 0, 3 per Cent. Consols	„	..	..	..	1,283	8	5
1,000 0 0, 3 per Cent. Reduced Annuities, “William Hollins' Gift”					30	0	0
Wainfleet and Firsby Railway, One Year's Interest and portion of							
Principal of £2,000, for 25 years, from October, 1871..	..			..	135	15	2
						6,008	14 3
Net Annual Income	..	..	..	..	£24,541	16	3

A. M. JEAFFRESON,  
Receiver, &c.



